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GUY'S HOSPITAL GAZETTE

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MONTHLY TWENTY-FIVE PENCE VOLUME 89 NUMBER 2242

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

THOMAS GUY

This month we commemorate the 250th anniversary of the burial of Thomas Guy, the revered Founder of the Hospital. His name will not only be known to Guy's men but familiar also to the many people who have come into contact with the Hospital. Even though it may be considered sentimental to label such occasions "special", the event deserves attention and we publish a biography in this edition.

His life and times were in some ways comparable to present day society. It was the age of Whiggism, of economic uncertainty and serious international conflict. George I, an obstinate and dull German martinet, had acceded to the throne, but personalities like Walpole (Britain's first Prime Minister), Stanhope and Marlborough counterbalanced the dissatisfaction with the new King. Guy was an "ordinary" businessman but with remarkable talents. When the public were investing in anything and everything like "perpetual wheels", "salt-water made fresh" and "Spanish stud asses" (to improve the English livestock) Guy possessed the foresight, adventure and acumen to manage the "bursting bubble" to his advantage. He was, however, a generous and charitable man and donated a large amount of his growing fortune to build this Hospital. It was a cruel stroke of fate that took him away before its completion.

Fortunately, such men still exist. It is through these exceptional and benevolent characters that Guy's and similar institutions continue to flourish and play a critical part in the community that Guy was so concerned to help. It is hoped that were he alive today he would be satisfied with our efforts to this end and also with the development of his dream.

DEAR READERS,

One of the many constant problems in the presentation of the *Gazette* is the editing of the correspondence. It is practically impossible to please all the readers all of the time and so a standard approach to the letters must be adopted. The Editor must correct bad spelling and bad grammar. He must demand concision and is therefore entitled to expunge irrelevant material. He must avoid libellous matter for the protection of the whole *Gazette* staff and can refuse to publish ill-mannered, vituperative and gauche material. "Dead" letters—those of fully exhausted subjects—may also be refused publication. These essential duties are not only in the interests of the readership but also in the interests of reputable medical journalism.

The *Gazette* Committee appoints one of the senior staff representatives as a censor. It is he who has the ultimate responsibility for the inspection and supervision of the edition prior to its publication. There is a distinct difference between editing and censorship which is, however, too often misunderstood. Although further confusion will probably persist on this matter we hope that our correspondents and readers will be as patient and tolerant of our imperfections as we are of their frailties.

GUY'S DIARY

The following Clinical Lectures will be given at 1.00 p.m. in the Anatomy Lecture Theatre :

JANUARY			
27	M	1.00	Clinical Lecture. Professor J. N. HUNT
28	Tu	1.00	Clinical Lecture. M. M. BEWICK "Immunosuppression Today"
30	Th	1.00	Clinical Lecture. Professor J. R. TROUNCE "Drugs in the Elderly"
FEBRUARY			
3	M	1.00	Clinical Lecture. Professor I. McCOLL "Polyps in the Intestinal Tract"
4	Tu	1.00	Clinical Lecture. Dr. W. MANN "Notes on Epilepsy"
6	Th	1.00	Clinical Lecture. Mr. F. H. BRAIN "Carcinoma of the Bronchus and its Non-Metastatic Syndromes"
10	M	1.00	Clinical Lecture. Mr. BROOMHEAD "Surgery of Trauma"
13	Th	1.00	Clinical Lecture. Dr. C. HARDWICK "Haematemtsis"
17	M	1.00	Clinical Lecture. Mr. J. TOMKINSON "Caesarian Section"
18	Tu	1.00	Clinical Lecture. Mr. F. ELLIS "Transplantation"
20	Th	1.00	Clinical Lecture. Dr. MAISEY "Some Aspects of the Diagnosis and Management of Hyperthyroidism"

NEWS IN BRIEF

New Year's Honours List

We should like to congratulate the following Guy's men who have received awards in the New Year's Honours List :

Professor Keith Simpson, F.R.C.P., F.R.C.Path., and Professor William Trethowan, F.R.C.P., F.R.C.Psych., have both been awarded the C.B.E. Professor Simpson was formerly Head of the Department of Forensic Medicine here at Guy's where he spent most of his long and distinguished career. Professor Trethowan has held Chairs in Psychiatry in Birmingham and Sydney Universities after spending many years in the Department of Psychiatric Medicine here at Guy's.

The following were awarded the O.B.E. for services to various branches of Dentistry and Medicine : Samuel Coplans, L.D.S., R.C.S., for his service to the British Dental Association Trust Fund, and Dr. John Fry, F.R.C.S., M.R.C.G.P., for his work in the field of General Practice. Dr. John Harvey, M.R.C.S., L.R.C.P., F.D.S., for service to Forensic Odontology, and John Smyth, L.D.S., R.C.S., for service to Preventive Dentistry. Dr. Donald Vaughan, M.R.C.S., L.R.C.P., received his award for services to Medicine during fifty years as a General Practitioner in Norfolk.

Consultant Appointments

We are pleased to announce the following consultant appointments :

Mr. Guy Nash, F.R.C.S., M.R.C.O.G., Senior Registrar in Obstetrics at Guy's, has been appointed Consultant Obstetrician and Gynaecologist to the Hastings Health District.

Mr. K. W. Menzies, F.R.C.S., Senior Registrar at Guy's, has been appointed Consultant Surgeon at the Cook Hospital, Gisbourne, New Zealand.

Mr. G. T. Cheney, L.D.S., F.D.S., R.C.S., a past Registrar in Oral Surgery at Guy's, has been appointed Consultant Oral Surgeon in Norwich.

Dr. R. A. C. Hughes, M.A., M.D., M.R.C.P., who was Senior Registrar in Neurology at the University College Hospital, has been appointed Consultant Neurologist at Guy's.

Mr. H. G. Lewis, L.D.S., D.Orth., F.D.S., R.C.S., has been appointed Consultant Orthodontist at Guy's. Mr. Lewis comes to Guy's from the Welsh National School of Medicine.

New Principal of the University

Dr. Glenn Willson, M.A., D.Phil., Warden of Goldsmiths' College, London, has been appointed Principal of the University of London in succession to Sir Douglas Logan with effect from 1st September, 1975.

Professor Butterfield

We should like to extend our congratulations to Professor William Butterfield, O.B.E., D.M., F.R.C.P., who has been appointed, on the Queen's approval, Regius Professor of Physic at Cambridge University. Professor Butterfield was Professor of Experimental Medicine at Guy's from 1958 to 1963 and Professor of Medicine at Guy's from 1963 to 1971. Professor Butterfield left Guy's in 1971 to become Vice-Chancellor of Nottingham University. In his new appointment, Professor Butterfield will be closely concerned with the new Cambridge Clinical School which will admit its first students in 1976.

The Symington Memorial Prize

Dr. Susan Standring (née Hall), B.Sc., Ph.D., of the Anatomy Department at Guy's, has been awarded the Symington Memorial Prize. The Prize is awarded triannually by the Anatomical Society of Great Britain to the research worker who has published the most outstanding work during the three-year period. This is the first time that this prize has been awarded to anyone working in the Medical School at Guy's and also the first time that it has been awarded to a woman. We should like to extend our heartiest congratulations to Dr. Standring.

Peter Mowschenson—Hallet Prize Winner

We are proud to announce that Mr. Peter Mowschenson was awarded the Hallet Prize for the highest mark in the Primary Fellowship Examination of the Royal College of Surgeons of England. At the ceremony, the President of the College, Sir Rodney Smith, K.B.E., complimented Peter on his achievement, particularly as, two years before, Peter had also been awarded the Begley Prize from the College for obtaining the highest mark in surgery for the Conjoint Examination.

Annual Dental Clinical Day—Saturday, 1st March, 1975

It had been hoped that the Clinical Day would be held on two of the dental floors in the new Tower building. Owing to an unfortunate delay in completion of services this will no longer be possible and the main demonstrations will, as in the past, be held in the old Dental School. A full programme will be published in the February issue of the *Gazette*.

The Life of Thomas Guy 1644 — 1724

Introduction

"He entertains a very sincere respect for English liberty. He is a man of strong reason, and can talk to the purpose on any subject you will propose. He is truly charitable, of which his almshouses for the poor are standing testimonies."[1]

So wrote John Dunton of Thomas Guy in 1705 when Guy was an eminent publisher, aged sixty.

Thomas Guy, the founder of Guy's Hospital, died on 27th December, 1724, and was buried in the Parish Church of St. Thomas' on 7th January, 1725. This short biography commemorates the 250th anniversary of his burial.

His Early Life

Guy was born in 1644, the son of Thomas Guy the elder, a Collier and Lighterman who plied his trade in the Southwark Area. His father, a man of considerable means, owned several barges for unloading the north-country colliers for distribution around the Thames Basin. Guy was eight when his father died and his mother, Anne, returned to her home-town of Tamworth with her children, Thomas, John and Anne.

Guy was educated at Tamworth Grammar School and in 1660 began an eight-year apprenticeship with John Clarke, bookseller and bookbinder, in Mercers' Hall Porch, Cheapside. After completion of his apprenticeship, Guy was admitted as a Freeman of the Stationers' Company. He then served a term of five years and was received into the Livery and started business on his own. He bought a shop in a very favourable position on the corner of Cornhill and Lombard Street and £200 worth of books.

At that time a bookseller was also a publisher. It was a difficult period as the Government had monopolies on the popular books. The Crown had grown very poor under Queen Elizabeth and the Stuart Kings, so the Royal Exchequer sought to recharge its coffers by the sale of these monopolies.

Bibles and Monopolies

The King's printer held the monopoly on bibles and many books of prayer. The monopoly, however, was not absolute as the powerful Stationers' Company and the Universities of Oxford and Cambridge reserved some right to print whatever they chose. Oxford had agreed to confine its activities to the printing of bibles in return for a substantial annual payment from the other parties involved.

The King's Printer only printed a few editions of poor quality and high cost and Oxford only printed large bibles for use in churches. So although there was a large demand for bibles, most ordinary folk could not afford to buy one. Guy was an extremely religious man and felt that every household should possess a bible for the education and guidance of the whole family. Therefore, although he published and sold many types of book, his main ambition in his early years was the provision of good quality, reasonably priced copies of the bible.

To this end Guy began to deal in illegally imported bibles printed in Holland. It was a risky business as at any time the King's Officers might confiscate a bookseller's complete stock of bibles. However, a Court of Law would most likely acquit a bookseller charged with this offence because Parliament was in violent opposition to the Crown over this matter. Guy became a very successful dealer but eventually was forced to cease this trading following repeated raids from the King's Officers.

Conflict with the Stationers' Company

Around this time Oxford University had been in dire financial straits and had ceased all printing; consequently the Stationers' Company had stopped paying the University to restrict its printing. When Oxford's financial situation improved, it was decided (now that they were free of printing restrictions) to begin publishing bibles on a large scale. Therefore, the University were looking for a reliable bookseller to provide capital and manage the venture. They could not approach those in the higher echelons of the Stationers' Company as it would certainly be opposed to the venture. Guy, through his illegal trading, was already considered the "black sheep" of the Company and in 1678, in partnership with Peter Parker, he became the unofficial University Printer. Parker and Guy invested around £10,000 in the project and began printing bibles in spite of an uproar from the outraged Stationers' Company.

It was, nevertheless, a complex situation. As University Printers they were entitled to print whatever they wished and their competitive prices started a price-war with the Stationers' Company. The appointment as University Printers became official and the arrangement lasted 14 years before the Stationers' Company managed to intervene and stop the printing at Oxford Press. In the legal dispute that followed, Parker and Guy were prevented from further printing of bibles but were not charged with any offence.

Guy had achieved his ambition and had made himself a good deal of money. He had every reason to feel pleased with his association with Oxford !

Charitable Work and Member of Parliament

Guy, now forty-eight years old, was a successful and comparatively wealthy man but he had not waited for wealth to begin his charitable work. In 1677 he gave a considerable subscription towards

the rebuilding of the classroom at his old school. In the next year he gave £200 to build an Almshouse in Gungate, Tamworth, and later a further £200 to extend the Almshouse to accommodate seven poor men. In a 1693 resolution passed by Tamworth Corporation, he was described as "our incomparable benefactor". In 1695 (at his second attempt) he was elected as "Whig" Member of Parliament for Tamworth and served in six successive Governments. In 1701 he built, at his own expense, a new large Town Hall for Tamworth, designed to hold the weekly markets.

In 1707 he lost his Parliamentary seat and was much aggrieved. At a time when franchise was limited to householders and those who paid a levy, there were often disputes as to who was legally entitled to vote. Guy felt there had been a conspiracy to unseat him and even threatened to demolish his newly-erected Town Hall. The Burgesses of the town repented and sent him an offer of re-election at the earliest opportunity which he turned down. His rejection appears to have hurt him badly, for he gave no more money to Tamworth.

TOMB OF THE FOUNDER
(From the engraving by Bartolozzi)

St. Thomas's Hospital Governor

In 1704, Guy was asked to sit on the Board of Governors of St. Thomas's Hospital. Records show that he attended regularly and in 1708 he made his first large donation to the Hospital. He gave £1,000 to create three new wards and an annual subscription of £100 for the benefit of the poor patients. Guy did not give indiscriminately but desired above all to provide money for those in real need. There were many patients discharged from St. Thomas's who were still unfit for work and Guy decided to set up a fund to give such people financial support during their convalescence. He continued to donate large sums to St. Thomas's up to his death when his main interest was the building of his own hospital for "incurables".

South Sea Bubble

In 1710 the Government established the South Sea Company "into which the Creditors of Divers branches of the National Debt were empowered to subscribe the several sums due to them from the Publick".[1] Guy held many thousands of pounds worth of government stock and therefore was a large investor in the Company. In 1720, the Company wished to increase its capital and as soon as the action was sanctioned by Parliament, National Creditors lost no time in investing the sums due to them from the Government. Following this move the value of the shares in the Company increased fifteen-fold before the Company collapsed, following a financial panic, in the incident which became known as the "South Sea Bubble".

When the "South Sea Bubble" burst, Guy had sold all his shares at a vast profit and had made a fortune. It was claimed that "by the execution of the pernicious South Sea Scheme Mr. Guy got more money within the space of three months than what the erecting, furnishing and endowing of his hospital amounted to".[1]

Alleged Miser

Guy was now a very wealthy man; he had been bold and shrewd in business and also a true philanthropist. He lived very frugally in spite of his wealth and, naturally enough, many malicious stories circulated depicting him as a miser. One of these stories concerns a renowned miser by the name of "Vulture" Hopkins. He called on Guy one evening, who asked him in and lit a single farthing-candle. "I have heard", said the "Vulture", "that you are far meaner than I and I have come to see if there is anything that you can teach me". "I see", replied Guy, "if that's all you have come about we can very well discuss it in the dark", and he extinguished his solitary flame.

The building of Guy's Hospital

Through his work at St. Thomas's, Guy came into contact with the poor and afflicted who passed through the Hospital. Guy saw many people leave the Hospital described as "incurable" but was sure that with more facilities something could be done to help them. So, it was with this in mind that he decided to build his own hospital across the road from St. Thomas's.

In 1721, a piece of ground opposite St. Thomas's had been cleared and building commenced. On 27th December, 1724, before its completion, Guy died, aged 80 years, and left the bulk of his fortune to the Hospital. He lay in state in the Hall of the Mercer's, Cheapside, until 7th January, 1725, when his remains were taken to the Parish Church of St. Thomas at the head of a large and costly procession.

When the Chapel of Guy's Hospital was completed in 1778 his remains were removed and placed in the crypt. Although he did not see his Hospital completed, it is hoped that he would be satisfied with the way it helps those people for whom he was so concerned.

Michael G. Bourne.

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THE NEOPLASTIC PLACENTA

Based on a paper presented to the Physiological Society, Winter Term 1973

Stephanie A. Amiel

Introduction

The application of the term "neoplastic" to a description of the placenta is perhaps unremarkable, accepting the adjective, in its literal sense, to mean new growth. The word neoplasia, however, is now irrevocably associated with tumour growth—and it is with precisely that meaning in mind that I chose the title for this article. The placenta, fast-growing, infiltrative, invading local blood vessels and often giving rise to metastatic deposits, especially in the maternal lungs, can quite justifiably be compared with a carcinoma.

The placenta can also be considered to be an allograft. Indeed, the conceptus is often referred to as "Nature's Transplant". This expression highlights the immunological problem of the placenta—a site in which two genetically unlike tissues grow in close apposition without the problems of rejection encountered in other allograft situations.

The similarity the placenta bears to both a malignancy and to an allograft gives rise to three questions :—

1. How is the placenta not rejected?
2. How is its spread throughout the body prevented?

And, since the answer to these questions must lie in the existence of some form of delicate control mechanism which limits trophoblastic invasion of the mother without preventing it entirely,

3. How is it that sometimes, in a disease exclusive to man, the unknown controls fail and the placenta does develop into a neoplasm (choriocarcinoma—the malignant relation and possibly descendant of hydatidiform mole)?

The study of these and related diseases of the trophoblast are of interest especially because of the immunological implications not only of the disease conditions, but also of the normal placenta itself. Knowledge of the immunological mechanisms involved—or rather the inhibition of such—may be of use in the understanding of all forms of tumour growth. Choriocarcinoma is now curable using chemotherapy.

In normal placental development a happy medium is struck between maternal rejection of the conceptus and unopposed trophoblastic proliferation. The mechanisms by which such a compromise is enforced cannot be sought in either uterus or trophoblast alone. Trophoblastic proliferation is a process with a finite time span.[7] Experimentally, trophoblast successfully transplanted to other sites in the body tends to grow for a time equivalent to normal gestation time. This is evidently not the case with choriocarcinoma which can develop years after a usually miscarried pregnancy. Although the restricted duration of growth may be a contributing factor to the limitation of placental spread, this concept raises more questions than it solves and sheds no light on the problem of the lack of rejection.

Immunological mechanisms

Perhaps here I should briefly explain the outlines of the immunological mechanisms and why they might be expected to be involved in placental maintenance. Any tissue cell expresses on its surface antigens, determined by the genetic constitution of that cell, which make it recognisable to other cells in the body. Since the genetic constitution of the cells of any individual is unique, so too are the antigens those cells express. Introduced into the body of a different animal, such foreign cells will provoke immune responses. Immune responses can be divided into two groups :—

1. Those in which the antigen stimulates clonal proliferation of a given group of B lymphocytes which then produce antibodies that react with the original antigen, and

2. those in which stimulation of primarily T cells leads to the synthesis of lymphokines and the eventual destruction of the antigen by macrophages and other cells. It is this latter type—cell mediated immunity—which is responsible for the rejection of solid grafts and transplanted solid tumours—and should, on the face of it, also cause placental rejection. Why then is the placenta not rejected by the mother?

One theory claimed that the fetus is immunologically immature and cannot therefore express its unique histocompatibility antigens—those antigens primarily responsible for eliciting rejection of grafts from donors genetically dissimilar to the host. This is not the case. The presence of antigens in embryonic tissue generally has been established—the fetus, itself, expresses antigens foreign to the mother and also antigens which are definitely of paternal origin. This last

is stressed because originally it was thought that only maternal antigens were expressed on conceptual tissue. Trophoblast and fetus do carry their own antigens, however.[8,9]

Immunological tolerance is the phenomenon by which an immunologically competent animal shows a lack of response to given antigens. Tolerance can be induced in fetal and neonatal individuals by administrations of antigen which might have been expected to induce sensitivity, i.e. responsiveness. Tolerance can also be induced in adults in certain circumstances. The theory of tolerance is that the antigen is originally presented to the immune response systems in such a way that subsequent exposure of the systems to the same antigen is tolerated. Low doses of antigens may induce tolerance by inactivation of T cells which are necessary in cell mediated immunity, and as helper cells in production of antibody; high doses may act via inactivation of T and B cells.

It is possible that in pregnancy the mother encounters the placental antigens in such a way that she is rendered tolerant of them.[5] In some animal systems, mothers have been seen to become tolerant to paternal antigens during repeated pregnancies.[1] Mothers sensitized to paternal antigens show no increased tendency to reject their fetus! However, against this theory of tolerance is the evidence that antibodies directed against trophoblast are found in maternal blood, demonstrable *post partum* in many normal pregnancies,[13] and possibly present during gestation also. Antibodies against fetal red cells, white cells and histocompatibility antigens have actually been demonstrated crossing the placenta and reaching the fetus, but these seem to have no deleterious effect on either first or subsequent pregnancies.

Antitrophoblast antibodies may even be involved in protecting the placenta from rejection, by a mechanism known as enhancement.[5] According to this theory antibodies are formed to the trophoblast antigens. The antibodies bind with the antigens, and instead of this interaction causing immune rejection, the antibodies have a protective effect rendering the antigens unavailable for reaction with other immune recognition systems, the activation of which might lead to rejection of placenta and fetus. Why this should occur is not known, but it is widely accepted that antigraft antibodies are found in the serum of graft-tolerant patients. In the same way, antitrophoblast antibodies are also found in newly delivered mothers, thus enhancement could explain maternal tolerance of the placenta.

There is increasing evidence for tolerance or "immunological inertia" of the mother, and perhaps, the fetus, during gestation.[1,11] The discovery of blocking agents may be relevant here. These substances were originally found in patients suffering from cancer. Tumour cells express specific antigens foreign to the body and should, therefore, be rejected. *In vitro* such cells can provoke normal "rejection response" from the appropriate host cells. The serum of the host, however, seems to contain blocking factors—possibly antigen-antibody complexes[4]—that prevent this reaction *in vivo* and *in vitro*. The level of these factors in plasma is proportional to the spread of the malignancy. Antiblocking factors have even been demonstrated in hosts of regressing tumours. The system is evidently

complex, and some, if not all of it, may well be relevant to the success of viviparity.

It has been shown that maternal and, to a lesser extent fetal sera, can inhibit *in vitro* correlates of cell mediated immunity[12,17] e.g. mixed lymphocyte reactions between maternal and fetal or unrelated cells.[14] Such inhibition increases throughout gestation, is maximal at parturition and is lost within a few days *post partum.*

It is claimed that mothers tolerate grafts, especially those of fetal origin, during pregnancy for longer than they could ordinarily.[2] There is also some evidence to show that gravid women are more susceptible to infections usually combatted by cell mediated immunity.

It is possible that the hormones of pregnancy may have an immunosuppressive effect.[16] This theory is substantiated by the fact that hypoplasia of the thymus and other lymphoid organs involved in producing the elements required for cell mediated allograft rejection is reproducible experimentally by treatment with oestrogen, progesterone and HCG in various combinations.[16] In patients with choriocarcinoma a reduced lymphocyte population has been found to be proportional to HCG levels in the blood. It is suggested that such hormones only have marked immunosuppressive effects at the placenta where their concentrations are particularly high.[18] Perhaps the reduction of placental progesterone at term—possibly due to relative ischaemia as the placenta outgrows its blood supply—aids the separation of the placenta from the uterine wall by reduction of the immunosuppression. Thus, current opinion strongly supports the view that the mother is partially immunosuppressed during gestation.

The last theory to be discussed here is that of the placental barrier.[3,15] This phenomenon may link up with all the others outlined above. The barrier theory suggests that the placenta acts as a blockade to the immune reactions between conceptual antigens and maternal immune tissues, and vice versa. It is interesting to note that in animals the placentae are larger when there is greater genetic difference between mother and fetus.[6,8]

The trophoblast in man is anatomically suited to act as the barrier. However, to play such a role, its own antigens must be masked.

Coating the trophoblast, intervening between it and maternal tissue, is a layer of mucoprotein, rich in hyaluronic and sialic acids. This, being noncellular, is known as fibrinoid. It is thought by many to act as a barrier to the mediators of the immune response. One theory is that the sialic acid renders the fibrinoid electronegative. Thus, fibrinoid could conceivably repel maternal lymphocytes—major characters in the immune response play, which are similarly charged.[9]

The theory has its detractors, with claims that the fibrinoid is not an adequate covering to act in the manner suggested. However, it may be that the barrier need not be absolute. Earlier, it was said that tolerance could be induced by exposure to low doses of antigen. Fibrinoid masking histocompatibility antigens on the trophoblast (which can be revealed by neuraminidase treatment) may allow the

expression of a toleragenic antigen dose. It is interesting that sialic acid is also found in both the immunologically privileged hamster cheek pouch[6] and in association with certain tumours.[10]

There is evidence to show that lymphocytes can cross the placenta in spite of the fibrinoid.[1] Again, the effect of the barrier could be moderating rather than absolute. The number, and indeed, vitality of the lymphocytes which cross the placenta has been claimed to be low.

Conclusion

The immunological problem of the placenta is still far from solution. The most probable answer is that the success of placentation depends on more than one factor—a combination of a generalised transient immunosuppression with the barrier action of the placenta, is most likely. Much more exploration is needed to reach a greater understanding of the success of the placenta. This may well lead to a greater knowledge of trophoblastic and other types of cancer, and surely, understanding is halfway to cure.

Meanwhile in the midst of unanswered questions and unproven theories, it is worthwhile remembering that when the defence systems, of necessity inhibited, fail completely, and choriocarcinoma results, the condition is happily largely curable by chemotherapy. One more risk of pregnancy is successfully reduced.

Acknowledgements

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Tumu Tumu Tales

by William C. Crozier

Deciding where to do one's "elective" is usually a rather difficult problem. However, in my case I drifted with minimal organisation into what turned out to be an excellent four months. I had decided early on that I would like to go to Africa, and having a very understanding bank manager my way was financially clear. I had already arranged to spend the month of September studying Medicine at the Kenyatta National Hospital in Nairobi, and on the strength of that I bought my aeroplane ticket It remained for me to fill up July and August, but in a very adventurous, or more plausibly naive frame of mind I decided that further organisation could wait until I actually arrived in Kenya. I was to leave on 29th June, and the Hockey Club Annual Dinner on the 28th provided me with a very good send-off. It also helped me to sleep most of the way on the plane!

It was raining in Nairobi, so-called "City in the Sun", when I arrived. In fact the rainy season dragged on for another six weeks, with rain every day. It took me a week in Nairobi to sort out what I was to do. Through one of the Consultants at the Kenyatta National, I was offered the chance of helping out at Tumu Tumu Mission Hospital for two months. Tumu Tumu, I found out, is situated between Mt. Kenya (second highest mountain in Africa) and the Aberdare range of hills, about 90 miles north of Nairobi. It is only 40 miles south of the Equator, but being at 6,000 ft. its climate is a bit like English summer.

The hospital itself has 180 beds and only two doctors—Peter, from Germany, and Arie, from Holland. There were also four English nurses who were working for the V.S.O. organisation. Also helping out were two clinical assistants who were African nurses who had had a year's training in "diagnosis and prescription".

I was put to work straight away and was given the male ward (accommodating both medical and surgical patients) and the "private" beds to look after—about 45 patients in all. Each day I had to do a wardround of all the patients and clerk any new admissions.

The tribe in the area is the Kikuyu tribe and as Ki-Kikuyu is not one of my strong points, a nurse had to translate everything the patient said. The people themselves are very poor, all of them living on small farms called "Shambas" where the whole family plus the cows and goats sleep in the same mud-walled hut.

Twice a week there were operating lists, Peter operating on Tuesday and Arie on Thursday. Normally the English nurses did the anaesthetics, but when it was discovered that I was the only person to have done an anaesthetics course (and a Guy's one at that!) I was made Chief Anaesthetist. Unfortunately for me Guy's gave up Ether a long time ago, but luckily there was a very informative pamphlet

with the "E.M.O. Anaesthetics Machine" and after a couple of trial runs the patients did tend to remain asleep during the operations. Ether had to be used because it was so cheap and because supplies of other agents are almost non-existent. There was no shortage of Pentothal so induction was very straightforward. Whilst at Tumu Tumu I anaesthetized just under 50 patients for operations ranging from abscess drainage to Caesarean section and bowel resection. Now and then I assisted instead of anaesthetizing and eventually worked up to doing D and C's myself and, with Peter assisting, a couple of tubal ligations. Both doctors let me sew-up occasionally.

Probably the most common ailments I saw in Africa were the parasitic bowel diseases. The main ones were Ascaris, Entamoeba Histolytica, and Hookworm and these were treated with oral medicines. However, on one occasion I was called out at night to see a case of acute intestinal obstruction which turned out to be due to 309 Ascaris worms matted together in one metre of small bowel. One particularly bad problem was demonstrated by the number of septic criminal abortions. In my eight weeks there, four girls died of multiple pelvic abscesses and septicemia. As many people are barefooted, lacerations of the feet were common and easily infected. Tetanus presented to the extent of three or four cases a week. There was a high incidence of lacerations, broken bones, pregnant wives and pregnant non-wives, probably accounted for by the potency of the home-brewed beer. Some other diseases, not often seen in Bermondsey but prevalent in Tumu Tumu, are: Malaria, Leprosy, Tuberculosis, Polio and Typhoid; Gonorrhea was as common as the English cold. In contrast I saw only one case of appendicitis which apparently is quite rare in East Africa.

I did have a lot of spare time in which to see the countryside. One of the nurses lent me her motor-bike and I went to the equator twice to get souvenirs. "Treetops", the famous hotel, was only 20 miles away and an excellent hotel called the "Outspan" (the old home of Lord Baden-Powell) was in Nyeri, our nearest town.

My stay went much too quickly but I still had a lot to look forward to. I couldn't spend September at the Kenyatta National Hospital as President Kenyatta had closed the University due to "excessive" student unrest. This meant that I was able to organise four weeks Obstetrics in Dar-es-Salaam in Tanzania. Before that, however, I had arranged to meet a colleague of mine, Iain Nicholson, who had been doing a very similar elective 400 miles away in Tanzania. In fact we met by accident in the Outspan with the only acceptable greeting, "Dr. Nicholstone I presume"! With some newfound friends from Nairobi and a hired car we had a splendid camping trip into the Serengeti Game Reserve and in the ten-mile-wide Ngorongoro Crater. Our short holiday was crowned by a week on the beach at Mombassa with Guy's $4\frac{1}{2}$ thousand miles away and hidden behind the coconut palms.

"Lobes" Nicholson and myself then parted company to do our Obstetrics : he to Moshi at the foot of Kilimanjaro, and I to the Ocean Rd. Hospital in Dar-es-Salaam. This hospital was actually on the

beach but in spite of the attractions of sea, sun and sand I managed to deliver one or two babies—92 to be exact.

The time soon came to rejoin Mr. Nicholson in Moshi for our attempt on Kilimanjaro. We had to hire a guide, and a porter to carry our equipment. We set off wearing only shorts and vests, but by the time we reached the summit (3 days, 30 miles and 19,000 feet later) we had to wear every article of clothing—it was – 15°C! By ignoring the nausea and vomiting during the last stretch we managed to crawl triumphantly to the summit. In spite of Iain's desperate pleas for an immediate descent I persuaded him to pose for our victory photograph (with Union Jack Tea Towel). Upon regaining Moshi we prescribed for each other two weeks absolute rest in Nairobi—stat.

I could go on to tell you that Iain Nicholson won the Kenya Open Squash Tournament, how Cranston Road Day was spent in Zanzibar, why we were arrested in Dar-es-Salaam, all about the delights of the Sombrero Night Club, or about Iain's . . .

My First Term at Guy's

Now, Guy's is a way of life and the feeling of being a totally naive fresher is fast fading Our second term has begun, bringing a host of exams at the end of it—the first term is already little more than a memory.

Thinking back, though, it all began in August when a small brown envelope was handed to me and its contents told me that, come October, I would be going to London. Preparations, and a hunt for somewhere to live in the "big city", followed. October arrived before I had time to think about what I may have let myself in for at Guy's. For me, the initial blow of arriving alone at a new place was softened, because I came up with a friend and we were safely glued to each other from the start.

An address from the Dean and another from the Clubs' Union President introduced us to Guy's. A tour of Guy's and its peripheral pubs was intended to help us find our bearings; it did more than that —it gave us a chance to see what the rest of the students were like. We made the acquaintance of the Spit and sampled its specialities! Lectures started and suddenly I had slipped into a completely new way of life.

New was that shoving for room in trains already full of determined commuters. New was the freedom to live as one pleased. New was the independence of lectures—as compared to school classes—and the isolation of the lecturers. New was the freedom of being able to study or play hard, depending on how one felt. Life became Guy's: one's friends were all in Guy's and one's social life was Guy's Bar.

But the horizons did gradually broaden again; old acquaintances also trying a new life as a student in London were contacted. New favourite haunts were discovered. Study was interrupted by various memorable happenings—queueing for standing room at Covent

Garden, becoming totally lost in South London, missing the last train home, and a birthday party which never seemed to end.

Half way through the term came our first vivas; fortunately these were not quite the harrowing experiences which I had expected!

The remainder of the term brought with it the Snowflake Ball. I was astounded by the total transformation of the East Wing, and by the extent of the whole occasion. The entertainment was excellent and I think that most people would agree that "a good time was had by all". Seeing everyone in evening dress was quite an experience!

Suddenly Christmas was fast approaching and people began to pack their bags to go home. Home suddenly became a very attractive prospect, especially the thoughts of central heating and home cooking! It hit me just how much I had missed home without really realising it.

Guy's had become a way of life and had brought a host of new friends and new experiences. I had enjoyed the independence of University rather than hating the loneliness of the "big city" which I had dreaded. I was struck by the kindness of people, by the possibilities which living in London offered and by how much I had enjoyed my first term at Guy's. I can only hope that I continue to enjoy is as much.

Helen Cotton.

(Helen Cotton is a pre-clinical student and this is her entry for the *Gazette* Prize, announced in the November edition (No. 2240)—Ed.)

BOOK REVIEWS

"The Lung and its Disorders in the Newborn Infant", by M. E. Avery and B. D. Fletcher. Pp. 361. Illustrated. Price £5.35. W. B. Saunders, Philapelphia and London.

This book is aimed primarily at the practising paediatrician and paediatrician in training. It is divided into two main parts: normal development and physiology of the fetal and neonatal lung, and disorders of respiration in the newborn period. In addition there are two very valuable chapters on resuscitation at birth and on the use of respirators.

I found this book most informative and interesting. It is very well illustrated. The authors have also included a very comprehensive list of over a thousand references.

I think this book is an important contribution towards the understanding of respiratory disorders of the newborn, particularly for those not directly involved with the respiratory physiology of this age group.

L. Stimmler.

"Notes on Medical Virology", by M. C. Timbury (5th edition). Pp. 143. Price £1.00. Illustrated. Churchill-Livingstone, Edinburgh.

This new edition is still short, cheap and reliable, the best buy in basic virology for the average medical student. There are now photographs of viruses instead of drawings and the text has been brought right up to date since last year's edition.

Professor C. A. Mims.

"Statistics in Small Doses", by W. M. Castle. Pp. 216. Price £2.00. Livingstone, London.

This book is intended to provide medical students with as painless an introduction to statistics as is consistent with imparting some useful information. The topics dealt with are: descriptive statistics, populations and sampling, and significance tests of differences between means, correlation coefficient, and a couple of tests using chi-squared. The range of topics covered is more restricted than has been considered desirable at Guy's, or indeed at most other London medical schools, for the statistics syllabus of the Basic Medical Sciences course.

The book is a programmed learning text of a design that encourages cheating, but is less tiring to use than many of more "secure" organisation. Its style is cheerful and chatty and the author rightly apologises in the Introduction for any "over-simplification of the numerical facts of life".

There is the usual crop of printers' errors which the alert reader will readily spot for what they are, but the book also contains more serious errors of fact which may mislead unwary readers. In particular, it is clear that the author's grasp of sampling distributions is very shaky, and some surprising nonsense has been allowed to creep in. On the other hand, the emphasis on such topics as random sampling and careful definition of populations is welcome, particularly since these topics are so often ignored in elementary textbooks.

Frank House.

"A Colour Atlas of Microbiology", by R. J. Olds. Pp. 287. Price £7.00. Wolfe Medical Books, London.

A superb collection of 398 colour photographs of bacterial colonies, plates, stained slides, and other diagnostic results. Almost everything is here, the rare things cheek by jowl with the commonplace. The book's title refers to Microbiology but there is nothing about viruses, rickettsia or chlamydia. Of immense interest to the microbiologist in the diagnostic laboratory, but of more dubious interest and significance for the medical student. Nowadays we are less concerned that students should distinguish Corynebacterium diphtheriae types by Albert's strain, or recognise the appearance of different Mycobacteria on Lowenstein-Jensen slopes. If you want to see a beautiful picture of a microbial phenomena that no longer comes into the practical classes, this is the place to see it. On the library shelf it may help the occasional student, particularly those who still have to take the more old fashioned exams.

Professor C. A. Mims.

NOTICE

The combined rounds for clinical students are starting again this term. They will take place in the pre-clinical classroom on Friday afternoons at 2.15 p.m. and will involve discussion of an interesting topic or interesting patients.

This term's rounds will include :—

24th January—Dr. Mallinson.

31st January—Dr. Knight.

7th February—Professor Lehner.

NURSING

REFLECTIONS

Now that the country has lurched in a somewhat uncertain fashion into 1975, it might seem expedient to pause and reflect upon the somewhat turbulent year which has just terminated. The pundits tell us that it was the worst year ever as far as economy and supplies of world resources are concerned, but what happened to the Nursing Profession during that time?

It was, as everyone knows, a time of upheaval in the hospitals generally. The Nurses, still reeling from the impact of the Salmon reorganisation, were precipitated into further insecurity by the changes in the Health Service structure. Whereas there was, previously, a top heavy administration, the one which has now been introduced has reached the point where it can barely support its own weight. In addition to this, the empire-building of the lay administrators in a linear direction, has caused much dissent in the profession, many of whom find that many of these people are not only ignorant of the needs of patients, but are unwilling to accept the opinions of those who are, and who have worked for a much longer time in hospitals, and are not inferior beings.

This apart, however, 1974 was the year of industrial action, and many nurses became acquainted for the first time with the unions and their politics.

During the early part of the year, the undercurrent of unrest finally reached boiling point, and, in the heat of the moment, many nurses joined unions, under the illusion that they would perform miracles. The vociferous demonstrations which followed did little to enhance the image of nurses in the eyes of the public, but according to the press reports, caused the nurses to "win". Quite what they won is still uncertain, but they did return to work! Once the furore had abated, many nurses began to regret their somewhat hasty action, and then their troubles really began, because it transpired that once having succumbed to the rather dubious methods of recruitment, it is extremely difficult to disentangle oneself from the mesh without being penalised, and a considerable amount of unpleasantness. Still, maybe they learned something.

Did anything beneficial come about during the year? Naturally there was something. Everyone was awarded a salary increase, although there are many who are still waiting to see any evidence of this in their monthly cheque. The Briggs report was approved, but its implementation seems likely to be long delayed. Finally, it was rumoured that nurses are now well established as a profession in their own right. One hopes that this will not mean a further deterioration in standards of patient care.

CORRESPONDENCE

A Practical Ideology

SIR,—The impassioned ideology penned by Kenneth Parsons in your December edition has aroused me sufficiently to write this rather sad letter in reply—sad because I am not matching his self-confessed anger but rather wearily trying to be objective.

At Guy's or any other hospital we are all concerned with the welfare of others or we would have chosen a different vocation but the morality which Mr. Parsons feels so strongly about has to be balanced by a degree of practicality unless one is to beggar oneself and one's family in the service of humanity. It takes a very special person to do that and perhaps Mr. Parsons is such a person.

It has been said that a country gets the health service it "deserves" and clearly there is some truth in this. If we want a better N.H.S. we must be realistic enough to accept that it will cost more and that the money must come from somewhere. Raising money by increasing taxes has always been unpopular and saps the motivation to earn more by working harder. Printing extra money leads to increasing inflation as we well know. There would be many opponents if the N.H.S. received extra money at the expense of say Education, Defence or Pensions. Nevertheless it is our responsibility to communicate our views to the Government of the day who will decide what the priorities are. If insufficient money is forthcoming and the N.H.S. atrophies then the Government will have to justify to the electorate that other things were more important. These are the facts—now let us see how "morality" fits in.

The whole of life, let alone Medicine and Dentistry, is not merely a two-tier system but rather a multi-tier system whether we like it or not and I do not see how it could be otherwise. Does Mr. Parson's think that there is a one-tier system in Russia? V.I.P.'s there get V.I.P. treatment the same as they do the whole world over. We should be thankful that in this country we have a non-fee paying (nothing is "free") basic health service for everyone plus private treatment for not merely V.I.P.'s but for everyone who is prepared to pay for it and this does not merely mean people whom Mr. Parsons might consider to be wealthy.

It is relevant here to comment on the widely held belief that private medical attention is "Superior". The attention is usually exactly the same except that the N.H.S. facilities are sometimes better. The private patient is paying for a nominated general practitioner or specialist and for the choice of when and where he gets his treatment. I quite agree that in this imperfect world not everyone can afford this choice but denying anyone the choice would not make the world more perfect. Is it morally wrong for a traveller to have the choice of when and where he stays? Will you close all hotels and restaurants because not everyone can afford to use them?

There is only one "moral" way to abolish Private Practice and that is to make the N.H.S. so good that Private Practice has nothing to offer. Until that day we shall get the best of both worlds by tolerating both systems.

Finally I find Mr. Parson's implication that any sector of the Medical Profession might "bleed their patients white" as naive as it is distasteful. Although the Profession is a "closed shop" as he puts it, there is a large choice of General Practitioners and Specialists. Patients are not fools and any attempt at exsanguination—be it corpuscles or cash—would promptly be recognised as such.

The "bleeder" would not last long in Private Practice.

Yours faithfully,

KEITH KEMP,

8 Lower Sloane Street,
SW1W 8BL.

The Real Issue

SIR,—Having read Kenneth Parsons' long diatribe on private beds in the N.H.S. I was left with the feeling that he had given vent to his own socio-political feelings, and then followed with a series of misdirected arrows.

His assertion that the medical profession is "one of the most powerful lobbies in the country" is almost laughable. On nearly every issue that the medical profession has faced since and during the inception of the National Health Service they have been divided without any uniform or united front. In many ways this is praiseworthy, since to think that an educated and intelligent group of individuals should behave in a uniform fashon is unthinkable. But, we digress—let me itemise a number of arguments that have been used during the debate on this issue and then argue their relative merits.

1. *Morality.* I am sure that the assertion that "a two-tier system whereby someone can benefit by superior medical attention more rapidly by virtue of his wealth as opposed to his health is morally and ethically unjustifiable" would be supported by most people including the medical profession. This is simply an argument in favour of vast improvement within the hospital service of the National Health Service. In general practice, where the standard of care is now extremely high, private practice is only resorted to where convenience is being bought. If "superior medical attention more rapidly" is required then even private patients revert to the National Health Service! The only point that I wish to make is that if an efficient service is available to all then there is no moral issue.

2. *The two-tier system.* I prefer to think in terms of an alternative system which is available should anyone care to spend their money on it. However, unless private patients are abolished entirely then we are proceeding even more towards a system where the difference between the two standards of treatment may be even more wide. In this situation the second system will not be paid for by virtue of an individual's wealth, but by a variety of insurance schemes which might be more difficult to attack on moral grounds, since even the miners will be able to afford them!

3. *Private patients.* I personally believe totally in the freedom of the individual. However, I accept that there are other views, and suggest that any argument on this point bears little relation to the National Health Service or private beds, but should be argued on social and political grounds.

I feel guilty that for me this cloudy complex issue has not become unmistakingly clear. I would very much like to see a first-class National Health Service and the sooner the Government concentrates on that and not on red herrings like private beds the sooner will the moral issue be decided.

Yours faithfully,

DR. R. ELSDON-DEW.

March House,
The Avenue,
Tadworth, Surrey.

One Party Politician

SIR,—How I did enjoy that long discourse from Kenneth Parsons in your Christmas number, clearly politics should be his métier, he will prosper far better in the heady reaches of Westminster, preferably as a delegate for the One Party State, than he is likely to do in dental practice should he persist in following his precepts and rely entirely on the N.H.S. for his livelihood after qualification.

Yours faithfully,

G. HOWARD KYAN.

40 Green Park, Bath.

Private Bed Morality

SIR,—In your issue of 21st December, 1974, your correspondent, Kenneth Parsons, has decided on moral grounds that private practice ought to be excluded from the N.H.S. at least and possibly altogether. May I suggest that the matter is not so simple and his first thoughts were better.

In a wide range of cases, admission is decided partly on health grounds and also on social and personal grounds. Does Mr. Parsons really think that political and personal influence (called "social priority") will not continue to expedite admissions if pay beds are abolished? Pay beds allow the rest of the population who have no influence to make a choice. No employed man in this country could not now afford (five packets of cigarettes weekly) to take out comprehensive health insurance and so exert his power of choice.

Medicine and Law are not "closed shops", they are professions. Anyone may apply to train as a doctor or lawyer, if he can satisfy the entry requirements of law or medical school. To practise every doctor or lawyer has to pass a final examination. The B.M.A. has recently been recognised as a trade union, but does not operate a "closed shop" and does not prevent non-members from practising or being appointed to hospital posts. These are the difference between a professional and a union.

To talk about professions making money out of other's misfortunes is rubbish. Does not every grocer (wicked fellow) make money out of other people's hunger? Is anything wrong with trying to earn a large income honestly?

Yours faithfully,

ANDREW L. GUNN,

Orthopaedic Department,
Ipswich and East Suffolk Hospital,
Anglesea Road Wing,
Ipswich.

1947—1953/4

Twenty-Eight Years On

SIR,—The signatories of this letter would be grateful if this notice could be brought to the attention of *Gazette* readers.

In response to suggestions at two Biennial Dinners, it is proposed to hold a reunion for those who studied medicine together during the above years at Guy's. With the help of the Guy's Directory and the kindness of Mr. Arthur Wallis, each doctor will be contacted individually.

The planned date of the dinner will be Saturday, 27th September, 1975, at a restaurant in London to be selected. Further details will be sent in April, but we hope that those who can come will keep the date free, and that those abroad may plan a holiday to include this meeting. A guest will be welcome with each doctor and we look forward to a friendly and successful reunion.

Early response will be welcome, and letters should be addressed to Dr. Sydney Scott at the above address.

Yours faithfully,

C. BISHOP, R. Y. CALNE,
D. V. DUCKWORTH, R. C. FRANCIS,
K. KELLY, D. B. LONGMORE,
S. C. C. SCOTT, A. P. O. STEWART,
A. D. TUDDENHAM, K. J. ZILKHA,

29 Piercing Hill,
Theydon Bois,
Essex, CM16 7JW.

Fibre-Depleted Diets

SIR,—I have read with much interest your report of the annual B.M.A. lecture given by Mr. D. P. Burkitt, F.R.S.

The most celebrated proponent of intestinal stasis as a cause of much systematic illness was, of course, the late Sir William Arbuthnot Lane, He advocated a high-residue fibrous diet including large amounts of what he called "roughage"—such things as bran and wholemeal bread. He was in fact called Sir W. A. ("Roughage") Lane by one of the humorous journalists who were a feature of the London dailies at that time—about 45 years ago. I believe that one or two health foods which are still marketed, date from then and are a direct result of Lane's teaching.

In those days Lyon's teashops had waitresses (Nippies) and yellow menus on the tables on the backs of which were published articles on popular subjects. I remember that Sir William incurred professional criticism by riding his hobby-horse in a series of articles which appeared in this space.

At about the same time I encountered a book by one of those military gentlemen of unexalted rank, and with no medical qualification, who occasionally write on medical subjects and are usually dismissed as cranks or charlatans —a Captain Somebody-or-other. His thesis was that western man, by his use of the water closet, had allowed the muscles used in defecation to atrophy, with resultant defective elimination. It seems to me that this observation is as important as the content of the diet and the quantity of faeces passed. The gallant captain gave photographs showing how defecation should be carried out in a squatting posture with no adventitious support, as is done in less sophisticated societies. The manipulation of the abdominal recti muscles which is done by yogis and called uddiyana aims at a forceful and complete evacuation which does not depend on the ingestion of bulky foods. I have practised it for many years but cannot claim that it is always sucessful!

I have sometimes wondered if it is wiser to follow Sir William's advice, which involves the ingestion and excretion of much redundant food matter or to listen to that given by another soldier—the Duke of Wellington. After his return from India, the Duke included much rice in his diet and he once declared that all his life he had eaten and drunk as little as possible. He lived to be 82 but seems to have suffered from constipation, since if you visit Apsley House you will see displayed there the apothecary's rhubarb aperient pills which he took.

Yours faithfully,

ARTHUR H. STOCKER, L.D.S.R.C.S., Eng.),

Bush Fair,
Harlow, Essex, CM18 6LY.

Guy's Hospital Directory

SIR,—Your readers will be appalled to hear that there are no firm plans to continue publication of the Guy's Hospital Directory, last published in 1969.

The Directory is an invaluable guide and reference for Guy's men and women and provides an essential means for maintaining contact and renewing friendships.

We would like to see the Directory continue to flourish, for despite rising costs, the Editors can be assured of a sustained demand.

Yours faithfully,

DRS. R. G. GAIN AND D. V. DUCKWORTH.

Burvale Court,
13 Rickmansworth Road,
Watford, WD1 7HQ.

Facing the Future

SIR,—I am sure all those who know and love Guy's with its great tradition of caring and service will have been saddened by the industrial unrest within the hospital in recent months. It is evident that for many reasons morale is low, and such unrest may well indicate a deeper malaise. Indeed, fears concerning the future working-out of the Health Service have led to a great deal of unhappy pessimism.

Already the *Gazette* has included various letters and comments bewailing the passing of the old order, which is rapidly disappearing under a flood-tide of changes. Rather than add to the gloom, may I suggest the possibility of a day-conference, that might take for its title "Guy's Hospital—How can we face the future?"

To such a conference would be invited members of *all* parts of the hospital, and one would hope, in particular, for a strong representation from consultants and senior nursing staff. The morning session might be given to three speakers—a prominent industrialist (one name springs rapidly to mind); the General-Secretary of the Trades Union Congress, and a senior nursing officer from a new hospital, many of the recent structures in nursing and administration have been put into practice from the start without the need for many painful changes.

The afternoon session could be devoted to discussion groups, and a period of "any questions". I would consider it important that the groups would not be asked to discuss particular matters of pay or job-demarcations, but rather the underlying questions such as job-satisfaction, responsibility, loyalty, the viable size of a working unit or community, the possibilities for devolution and decentralisation, and so on.

Because of various changes over the last few years and of impending Government decisions, it is understandable if some say "there is no future at Guy's", and indeed it is tragic to see how the hopes of some who have given their life's work to the hospital have been shattered. But I would suggest that such a conference could perhaps not only help to show a way forward, but also help to unite the many different workers of a modern hospital.

Is it worth trying? Or are there any other suggestions for tackling some of the problems now facing our community?

Yours faithfully,

THE REVEREND ROBERT KEMPSTER, *Hospital Chaplain*,

Guy's Hospital,
London, S.E.1.

Joyce Willan

SIR,—I wonder if I may, through the courtesy of your columns, express my most grateful thanks to everyone who so kindly contributed to my recent leaving present and to say how much I have appreciated the many kind messages I received both at that time and at Christmas time. By now, I think I have written to everyone personally but if by any chance I have missed anyone, I do hope I may be forgiven.

I think many of you know that it was a difficult decision for me to make to leave the Dental Department after almost 22 years, especially as I have not yet (quite!) reached the official retirement age, but I should like to thank you all, both in the Department and in the many other parts of the Hospital, for the pleasure I have had in knowing and working amongst you for so long. I hope that many of our paths may cross from time to time in the future.

Yours faithfully,

JOYCE WILLAN.
(née Green)

2 Valley Road,
Billericay,
Essex, CM11 2BH.

SPORT

RUGBY

Guy's 1st XV 9 vs. Sidcup 26

7th December, Crescent Farm

The game began in plodding style with both sides making countless mistakes. If anything, Sidcup appeared the more uncertain team initially and Guy's took advantage of some poor passing by the Sidcup scrum-half. There were opportunities galore for both teams, but whereas Guy's now perform as though losing has become a habit, Sidcup eventually settled and produced some decisive football.

In the first half possession was equally shared and territorially there was little to choose. The Guy's pack won some untidy balls from the scrums because more often than not they were pushed back on their own put-in. In the line-outs they failed to win as much ball as in previous games, Keevil failing to secure clean possession. However it was in the loose where the Sidcup forwards were clearly superior, rucking with greater purpose and usually being first to the breakdown of play. At half-time, Guy's were losing 6-0, having conceded two penalties. There seemed no reason why they could not make up the deficit and even obtain a much-needed victory.

The second half was a disappointing period when Guy's lacked the spirit and will to force the issue. Almost insidiously they allowed the game to slip away as Sidcup scored two tries which followed Guy's errors in handling or tackling. Moore produced some neat tactical kicks and gained a penalty for the hospital. Portelly tackled well but failed to make much impression in attack. Hughes was one of the few players who remained consistently alert to the possibilities of creating scoring chances from unexpected moves.

Guy's only try was scored by Loxton who picked up the ball after Sidcup mis-handled at the base of the scrum. Similar opportunities had been sadly ignored earlier in the game.

Team : J. Harker (Capt.), A. Portelly, M. Broughton, P. Emery, G. Francis, R. Moore, W. Hughes, R. Massey, T. Gibson, C. Howell, J. Fitzgerald-Fraser, B. Keevil, P. Loxton, J. Rooke, J. Brazier.

T.G.

Guy's 1st XV 15 vs. Met. Police 41

14th December, at H.O.P.

Although the score suggests a one-sided affair, Guy's performed with courage and some skill to produce one of their most satisfactory performances to date. Lacking the physical size of their opponents the forwards secured a remarkable amount of good possession, particularly from the line-outs. The back row appeared more alert than usual and with the support of Hughes at scrum-half, successfully spoiled and contained the reputable police half-backs. In the first fifteen minutes the hospital held the initiative and pressed hard for points. One heartening breakaway faltered just short of the line with a stray pass and the police air of confidence rapidly dissolved.

The first half finished with neither side having a clear advantage. Lacking the strength of their opponents and being confronted with some powerful runners, Guy's did well to hold the score at 9-12. Emery gained an excellent try which followed a break by Portelly and Moore converted and kicked a penalty.

In the second half size began to tell as the Guy's scrum was pushed back, producing less well-controlled possession. Inevitably, the policemen eventually found the gaps and despite some brave tackling they began to pile on the points. However, Guy's never seemed overwhelmed and fought back with determination. Moore played his best game so far, making some well-timed half-breaks and was unlucky not to have been given a try following an interception. Hagan scored a second try for Guy's.

In the end, a weary hospital side held off a succession of rushes and showed that despite an awful series of results and another impending defeat they can still at least rise to the occasion with courage.

Team : M. Broughton, G. Francis, A. Campbell, P. Emery, A. Portelly, R. Moore, L. Hughes (Capt.), J. Rooke, P. Loxton, J. Brazier, B. Hagan, B. Keevil, C. Howell, R. Cording, R. Massey.

T.G.

Guy's 1st XV 16 vs. Esher 30

Played at Esher on 21st December.

This was a lively and entertaining game and one which Guy's should have won. The opening phase was fast and play was taken up and down the pitch several times leaving both packs gasping. The forwards were evenly matched and the Guy's back-four played a much more prominent role than usual with Loxton and Rooke making some well supported moves that demonstrated how well the Hospital can play. Possession gained from the set pieces was more or less equally shared but Esher made much more of the loose ball.

In attack the Guy's backs performed remarkably well. Moore, clearly more confident than earlier in the season, made several openings that produced threatening moves. Portelly on the wing received an above average number of passes and with some elusive running scored a try under the posts. Guy's second score came when Gibson picked up from a ruck and simply fell over the line. Both tries were converted by Moore and at half-time Guy's led 12-8.

In the first ten minutes of the second half Guy's produced an enthralling display of running football but despite continued pressure the Esher defence somehow held and the opportunity was lost. The final score reflected the relative inadequacy of the Hospital defensive play. Whenever Esher ran the ball down the line an overlap was apparent. The same situation has pertained to countless earlier games but the problem should not be beyond solution. In this game, the consequences were several easy tries for Esher. An objective observer on the touchline would doubtless tell at a glance the nature of the trouble but Guy's never travel with even a touch judge these days let alone a supporter. The game was already slipping away from Guy's when Stoneham secured a consolation try after chasing an improperly grounded ball.

After the Christmas recess the fixture list becomes more arduous. The excitement of the Hospitals Cup might provide the necessary spark.

Team: J. Harker (capt.), G. Francis, A. Portelly, A. Campbell, C. Maclauchlin, R. Moore, M. Portelly, B. Hagan, J. Rooke, P. Loxton, J. Stoneham, B. Keevil, S. Challacombe, T. Gibson, R. Massey.

T.G.

SQUASH

Half Season Report

This has been a good first-half of the season. Of the forty-six matches played by the men, twenty-four have been won and twenty-two lost. The ladies have played four and won three of them. To whom did they lose? . . . doubtless, showing ample respect, they lost to the men ! ! This fixture is a new idea, and although on paper there was a result, it should be remembered that someone once said that the battle of the sexes can never be won because of the fraternising between the enemy !

The Cumberland Cup side had the most disappointing results of all. As mentioned in the last issue, three matches were won out of seven when with just a little more luck, that number might have been six.

The University of London league results have been very encouraging. In our first full season with a team in each of the three divisions, the first two teams have both won five matches out of nine and the third team four matches out of nine. The first team is just two points behind the league leaders, and together with the Hospitals Cup we barely dare say that we might be aiming at the "Double". No guarantee, just a nice thought but requiring a lot of "guts" on court.

The "Gonads", the social side, has won seven out of twelve. One match we have kept up for years is against Courage's and our thanks must go to them for arranging a tour for us around their Brewery after the Men's v. Ladies' match. The Sussex tour was a great success and the new fixture against Hove was probably one of the most enjoyable we've ever had.

Finally, the Presidents' match—the Captain's side scraped home 6-1, and if the Captain had not played it would have been 6-0. Thanks to Mr. and Mrs. Maynard for entertainment at The Pindar of Wakefield.

A.M.K.

BOAT CLUB

United Hospitals Regatta

Guy's entered nine crews in the regatta and achieved great success.

THE NOVICE IV

This newly-formed crew had the misfortune of being drawn against some fairly stiff opposition in the first round and were narrowly defeated. However, considering the potential within the crew, we feel sure that they will soon meet with success.

NOVICE SCULLS

Graham Mason and Pat Bolton represented Guy's in this event. The latter, being somewhat off form due to some late night frolics, was defeated by Mary's in the first round. (He later recovered and stroked us to victory in two finals) Graham, however, after a first round row over, fought his way to success against stiff competition, beating both Mary's and Bart's even though he was considerably lighter than either skuller. This gave Guy's their first cup for the day.

OPEN SCULLS

After a false start, Dave Wright was unable to maintain his ambitious pace and succumbed to the experienced Keron (Royal Vets) who later lost in the final.

DOUBLE SCULLS

One again, the combination of Paul Stuart-Bennett and Dave Wright proved too strong for the opposition, for although they only had time for about ten strokes together prior to the start, they pulled steadily away from the Royal Vets double throughout the course.

This gave Guy's the second cup.

JUNIOR IV

In the first round, after false starts from both the Royal Vets and Thommy's, this smooth handsome crew drew on their previous experience and rowed right through the opposition to win by a length.

Mary's offered little resistance in the final and Guy's led from start to finish, thus gaining the third cup of the day.

OPEN IV

This very experienced crew, who had some success in the Visitors Cup at Henley last summer, won comfortably against a confident Thommy's crew and consequently claimed our fourth cup of the day.

JUNIOR VIII

The pale wintry sun was gently setting as the competitors lined up for this, the final and major event of the day.

The VIII took off strongly, if somewhat splashily from the start to row a fast but ultimately relaxed race, beating both Thommy's and Mary's by a comfortable margin. This win gave Guy's their fifth and final cup for the day.

We hope that this kind of success will continue throughout the season.

CREWS :

Novice IV—D. Puckeridge (S), P. Holmes (3), D. Roche (2), R. Peck (B).

Junior IV—P. Bolton (S), P. Rosie (3), S. Durham (2), G. Mason (B). Cox: S. Jeffries.

Open IV—P. Stuart-Bennett (S), R. Pinkney (3), M. J. Gleeson (2), D. Wright (B).

Junior VIII—P. Bolton (S), G. Mason (7), N. Drane (6), P. Rosie (5), S. Durham (4), M. Livingston (3), M. Russell (2), P. Holmes (B). Cox: S. Jeffries.

P.S.—Anybody small and light wishing to cox, or learn to cox, please contact P. Rosie, G. Mason or P. Bolton, via East Wing pigeon holes.

NOTICE

THE THATCHINGS

The Thatchings is open, but until the end of March there will be a limit of eight people staying at any one time. The Thatchings Club has been started—subscription £5 p.a. (£3 to students who have been at Guy's for less than 12 months), and there will be reduced rates for members. For further details, contact Dr. Ian Gray (Ext. 786).

HOSPITAL INFORMATION

PASS LIST

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

November 1974 Examinations

Intermediate

Miss S. J. Belsham
Miss S. M. Bristow
Miss S. P. Christie
Miss B. A. Davies
Miss S. Fairs
Miss C. P. Gilchrist
Miss V. M. Grant
Miss S. G. Hiscutt
Miss A. Horlick
Miss D. J. Middleton
Miss Y. Moragas
Miss C. M. MacAuliffe
Miss L. M. Rickard
Miss W. J. Stott
Miss J. A. Sumner
Miss J. A. Taylor
Miss S. Watson

Preliminary

Miss Y. Burbidge
Miss J. M. Cameron
Miss S. J. Cotton
Mrs. K. S. Crocker
Miss M. A. Dredge
Miss J. M. Duncan
Miss J. A. Hunt
Miss C. A. Lyall Grant
Miss G. M. Maeers
Miss E. J. Shirley
Miss J. E. Turtle
Miss E. J. Warmington
Miss A. S. M. Winney
Miss S. P. B. Winter
Miss D. M. P. Yule

UNIVERSITY OF LONDON

M.D.

September 1974

J. V. Collins

Third M.B., B.S.

October 1974

B. S. Avery
C. C. de V. Crawshaw
Alison E. Dick
R. P. Fitton
J. E. M. Fox
P. K. Gillman
C. J. N. Lacey
P. G. W. Meakins
H. H. Mok
P. R. Nicol
Rosemary J. L. Deacon*
H. D. T. O'Donnell
C. R. Pascall
Anna Z. S. Rohatiner
R. M. Rowlands
W. A. C. Simpson
L. I. Sireling
Elizabeth J. E. Stearns
M. P. Stearns
G. B. Tobin
W. N. Trethowan
R. H. M. Williams

Part I

N. R. Avery
Lynne A. Ball
J. S. G. Bamforth
G. R. Barker
R. H. F. Bawden
Sarah M. Cardew
A. C. Chu
C. Y. C. Chung Hung Tseung
P. G. Davies
P. L. Davis
K. D. Dawkins
Ingrid H. Dodd
P. M. Duckworth
M. A. Durkin
Nuala L. K. Fagg
B. M. Flood
I. C. Forgacs
K. Freeman
Jennifer A. Goodwin
T. J. Goulder
S. A. Green
W. J. Greene
I. E. Hanner
Jacqueline H. Hawksworth
Anne P. Hemingway
H. W. Jones
J. C. E. Jones
Victoria R.-J. Muir
A. J. Nicholls
P. Nightingale
D. R. Norfolk
S. A. Olczak
J. G. H. Pearson
C. J. Pugh
L. M. Rabb
P. H. Rowlandson
Elizabeth Ryman
Melanie G. Sharman
C. Sharp
M. M. Sorefan
G. E. A. Sparrow
Kathleen M. Spencer
J. Squire
M. S. Taylor
D. M. Thomas
P. T. Townsend
Hing Y. E. Tseng
Anne E. J. Tweed
Sheila L. Tyson
J. W. Upward
Mary J. Wade
Margaret U. Walter
Angela E. Warren
Margaret J. Watson
Noemi J. Weingarten
Julie P. Wheate
M. P. B. Jones
M. A. M. Khan
C. G. Langdon
T. Y. Leung
Lisa F. C. Lowenson
I. F. Macenzie
R. F. Massey
M. M. Wheeler
J. B. Williamson
M. J. Wink
M. J. Wiseman
J. Wynn-Jones
Zahra F. Zaimi

Part II

R. D. A. Coxon
Fong Keng-Lao

Part IV

M. R. B. Cottrill
R. D. A. Coxon
Patricia A. Godfrey
Khoo Khui Teong

EXAMINING BOARD IN ENGLAND

Final L.R.C.P., M.R.C.S.
October 1974

Medicine

R. H. F. Bawden
C. Y. C. Chung Hung Tseung
M. R. B. Cottrill
Ingrid H. Dodd
M. A. Durkin
K. Freeman
Patricia A. Godfrey
S. A. Green
M. P. B. Jones
P. R. Kirtley
M. Momen
J. C. H. Pearson
C. J. Pugh
M. M. Sorefan
J. Squire
D. M. Thomas
P. T. Townsend
Margaret U. Walter
Angela E. Warren
M. M. Wheeler
M. J. Wink
M. J. Wiseman
J. Wynn-Jones

Midwifery

T. Y. D. Leung
M. Momen
R. W. T. Nichols
G. T. Owen
S. G. Read
J. W. Upward
A. P. Wozniak

Pathology

Ingrid H. Dodd
H. W. Jones
T. Y. D. Leung
D. R. Norfolk
G. T. Owen
J. W. Upward

Surgery

C. J. Allen
N. R. Avery
Lynne A. Ball
J. S. G. Bamforth
G. R. Barker
A. C. Chu
P. G. Davies
K. D. Dawkins
P. M. Duckworth
Nuala L. K. Fagg
B. M. Flood
I. C. Forgacs
J. E. M. Fox
Jennifer A. Goodwin
T. J. Goulder
H. W. Jones
M. A. M. Khan
C. G. Langdon
I. F. Mackenzie
R. F. Massey
M. Momen
Victoria R.-J. Muir
P. R. Nicol
P. Nightingale
D. R. Norfolk
Elizabeth Ryman
C. Sharp
G. E. A. Sparrow
Kathleen M. Spencer
W. N. Trethowan
Anne E. J. Tweed
S. L. Tyson
J. W. Upward
M. J. Watson
J. B. Williamson

ROYAL COLLEGE OF PATHOLOGISTS

Primary M.R.C. Path.

October/November 1974

W. R. Dunham

ROYAL COLLEGES OF PHYSICIANS OF THE U.K.

M.R.C.P.

October 1974

R. G. A. Behrman
Susan M. Brown
R. M. Darling
Annabella M. Garnons Williams
W. J. Jenkins
J. B. L. Kabuubi
A. B. Murgatroyd
C. D. Pusey
I. D. St. B. Starke

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Primary F.F.A.

September 1974

Lynne K. Hampson G. L. Pryor

Primary F.R.C.S.

October 1974

P. G. Lunn J. E. Scoble
P. M. Mowschenson

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

June 1974

Medicine
Rosemary J. L. Deacon*

August 1974

Surgery
J. A. Sogdobjor*

Pathology and Bacteriology
K. Freeman

*These candidates have completed the Final Examination

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Final L.D.S. Part I : Surgery

October 1974

N. P. C. Matthews M. M. N. Ramjan
D. Mould P. A. J. Willmer
R. J. Robinson G. Yeates

L.D.S. Part II : Dental Prosthetics

September 1974

T. P. S. Walker

December 1974

G. M. Abrahmsohn C. Crook

First L.D.S.

November 1974

R. P. Ingham Sylvia R. D. Saunders
Jane A Ingram S. J. Thomas
T. Listerud
P. S. Reynolds

BIRTHS

BARBER : On 10th November, 1974, to Merrilyn and Neil, a daughter, Sarah Jeanne.

CORDINGLEY : On 28th November, 1974, to Frank and Anne, a son, Charles Robert Tolhurst.

JELLEYMAN : At Auckland, New Zealand, to John and Joyce (née Bond) a daughter, Ruth Mary, a sister for Peter, Paul and Timothy.

RISSIK : On 26th July, 1974, in Johannesburg, to Bernard and Judy (née Hawker), a daughter, Kate Marjorie, a sister for Jane and Angus.

ENGAGEMENT

The engagement is announced between Mr. Gerry Robbins, B.Sc., and Miss Patricia A. Ferris.

DEATH

IDE : On 12th December, 1974, Horace Leonard, Dental Surgeon, late of Park Road, Kingston.

PERSONAL

ASSOCIATE needed urgently for busy Weybridge practice, as Partner is retiring. Full appointment book, modern low-seated equipment with supporting staff. Tel. Walton-on-Thames 20554 or evenings Byfleet 45562.

ASSOCIATE wanted, with a view to partnership. Three-surgery practice, Welling, Kent. Twelve miles from central London. Both principals are Guy's graduates. 101 High Street, Welling, Kent. Tel. 01-303 4545.

DENTAL ASSOCIATESHIP available now in Croydon. Easy access by rail from Victoria or London Bridge. Modern group practice, established book. Please telephone Smallfield 2719 for further details.

PARTNERSHIP OFFERED: Guy's three-surgery practice requires two partners to take over a one-third share of a fully equipped and staffed freehold practice. Five minutes M4, easy commuting Wye Valley and countryside. Box 1/10.

THIRTY MINUTES FROM GUY'S—Sydenham. Detached Modernised Coach House. Three bedrooms. Garage. Garden. Gas Central Heating. Cloakroom. Particulars 01-778 4674.

SCHOLARSHIPS

Newland-Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to undertake a year's postgraduate dental study at one or more Dental Schools or Colleges abroad approved by the Dental Council. The value of the Scholarship will be up to £1,500 and the actual amount of the award will depend upon whether the holder of the Scholarship proposed to spend a year at an institute in Europe or Scandinavia or whether the year will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

Dental Travelling Scholarship

This Scholarship has a value of £250 and is awarded every year to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to study at one or more Dental Schools abroad which are approved by the Dental Council.

In order that applications for the Travelling Scholarships may be considered by the Dental Council in sufficient time to enable the successful candidates to make arrangements for travel, etc., it is necessary for all applications for Travelling Scholarships for 1975, to be received by the Dean of Dental Studies by Friday, 7th February, 1975.

The Dean of Dental Studies will be pleased to discuss the matter with anybody who is interested.

GUY'S HOSPITAL GAZETTE

EDITOR C. E. HANDLER
NEWS EDITORS M. G. BOURNE, P. TILLMAN
SPORTS CORRESPONDENT A. M. KINGON
NURSING CORRESPONDENT Miss P. M. JEFFERIES
MANAGERESS Mrs. L. PAYNE

MONTHLY TWENTY-FIVE PENCE VOLUME 89 NUMBER 2242 13

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

POPULATION CONTROL

In the last century the relationship between man and his world has undergone a dramatic change. Until recently the world was in effect infinitely large and possessed infinite resources; however, this is no longer true. Through the vast increases in knowledge and technology and the increase in population that has followed, man has increased his productive and destructive powers to the point where he now threatens his own survival. One of the main factors involved is the massive increase in the population growth rate which is now taking place. The cause of this is simply a decrease in the world's death rate which has not been counterbalanced by a sufficient decrease in the birth rate.

In 1798 Thomas Malthus pessimistically predicted that uncontrolled population growth would lead to "positive checks" on population such as war, famine and disease. He was convinced that shortage of natural resources would lead to wars waged by countries determined to secure their own requirements at the expense of others. It is undoubtedly true that wars have been waged on an increasing scale throughout history for just this reason and that today the population in some developing countries is being controlled by famine. Another "positive check" of increasing importance is that of pollution. It is now being realised that the world cannot provide a large enough dumping-space for the various forms of toxic and non-bio-degradable

waste products that the industrialised countries are turning out at an ever increasing rate.

It is certain that curbing the growth in population would go a long way towards solving the problem. We have the choice; we can either allow the population to grow large enough to cause the "positive checks" to limit its further growth or we could take steps to ensure that the world's population never reaches an unmanageable size. There are effective and safe methods of contraception available to us and the way would seem clear if we could only ensure their widespread use. In most of the developed countries the advances in contraception have led to some decrease in population growth but in the under-developed and developing countries the situation is not so encouraging.

It is always easier and more rapidly satisfying to treat the symptom than the cause but it is essential that financial aid given to developing countries is managed wisely, with the future and not the present in mind. As President Lyndon B. Johnson said in 1965 : "Let us face forthrightly the multiplying problems of our multiplying population and seek the answer to this most profound challenge to the future of the world. Let us act on the fact that five dollars invested in population control in developing countries is worth one hundred dollars invested in economic growth."

GUY'S DIARY

MARCH

3	M	1.00	Clinical Lecture. Mr. WATSON
6	Th	1.00	Clinical Lecture. Dr. JOINER
10	M	1.00	Clinical Lecture. Dr. JOSEPH "Facial patterns in children"
11	Tu	1.00	Clinical Lecture. Mr. BEARD "Swellings in the scrotum"
13	Th	1.00	Clinical Lecture. Mr. MORRIS "Abdominal Pain in Pregnancy"
18	Tu	1.00	Clinical Lecture. Profesor LESSOF "Corticosteroids and Immunosuppressive Drugs"
20	Th	1.00	Clinical Lecture. Mr. LAWRIE "Recent problems in paediatric surgery"
24	M	1.00	Clinical Lecture. Dr. GRIMBLE "Sexually transmitted disease : questions and answers"
27	Th	1.00	Clinical Lecture. Professor KEEN "Metabolic madness"

NEWS IN BRIEF

New Year's Honours List

We regret that we omitted the following awards in the last edition and offer our congratulations to Air Marshal Sir Geoffrey Dhenin, A.F.C., G.M., Q.H.P., M.A., M.D., M.F.C.M., F.R.Ae.S., Director General of the Royal Air Force Medical Services, who was awarded the K.B.E.

We would also like to extend our congratulations to Mrs. Faith Rigby (née Wood—qualified S.R.N. 1933) who was a Sister at Guy's before the war and has been awarded the M.B.E. for services to multiple sclerosis patients.

Postgraduate Weekend Courses in Paediatrics: 1st/2nd March, 1975

The British Postgraduate Medical Federation will be holding a Weekend Course in Paediatrics for General Practitioners and Local Authority Medical Officers, entitled "Advances in Paediatrics in the Last Decade". This will take place at the Evelina Hospital on Saturday, 1st March, and Sunday Morning, 2nd March, 1975. Applications for a place on the Course should be made to: The Administrative Assistant, Evelina Children's Hospital, Southwark Bridge Road, London, S.E.1, as soon as possible.

Closure of the Miller Hospital, Greenwich

The Miller Hospital, Greenwich, closed in December, 1974, after 191 years service to S.E. London. The Miller was founded in 1783 when a group of local personalities met at "The Roman Eagle" in Deptford to consider how they could help the poor and sick of the district. It was decided to provide a Dispensary and premises were found in Deptford Broadway. The West Kent Dispensary opened later in 1783.

By 1833 it was necessary to move the Dispensary as it had extended its services beyond Deptford and larger accommodation was required. As a tribute to Canon Miller for his work in raising funds for the relief and medical treatment of the poor in Greenwich and Deptford a memorial fund was launched to add beds to the Royal West Kent Dispensary. In 1884 two round wards were opened and the hospital became known as the Miller Hospital.

The new Out-Patients Department opened in 1940 and was regarded by many people as the perfect OPD, since the Dispensary, X-ray, Physiotherapy, Medical Records and other services were all contained in the rooms leading from the Central Waiting Hall.

In 1962 it was decided to close the Miller and transfer the patients to the new Greenwich District Hospital once it was completed at Vanbrugh Hill. A plan was drawn up to try and convert the Miller into a Regional Thoracic Unit. Regretably the Regional Hospital Board Architect estimated the cost of up-grading the Miller to be prohibitive and this idea was shelved. Attempts were made to use the Miller as

a Local Health Centre in view of the excellent OPD facilities, but without success.

It is mainly due to Professor Lessof, during his reign as Medical Tutor at Guy's, that a regular supply of Guy's men and women went to the Miller, both for House Appointments and as students.

A Thanksgiving Service was held for The Miller Hospital at St. Paul's Church, Deptford, on 23rd January.

Wolfson House Appeal

Below is a further list of Guy's men and women, together with members of the Staff of the Hospital and School, who have contributed to the Appeal Fund up to the time of going to press :

Dr. Iris Ashken
Dr. H. M. Baird
Dr. H. Bloom
Mrs. M. H. Bradley-Watson
(in memory of her husband)
Professor G. E. H. Foxon
Dr. R. Grahame
Dr. I. W. Hanwell
Dr. H. Herbert
Dr. Josephine Heylen
Mr. D. M. Hobbs
Mr. and Mrs. J. B. Illingworth
Mr. and Mrs. K. G. Isaacson
Mr. D. A. James
Mr. E. W. Lunn
Dr. Elizabeth Moore
Dr. J. M. Munden
Professor S. Muntarbhorn
Dr. T. N. D. Peet
Dr. A. C. Price
Mr. B. C. Rich
Dr. H. P. Russell
Mr. V. S. Sams
Mr. R. A. Sells
Mr. C. E. Sharland
Dr. C. J. Stewart
Mr. E. Summers
Dr. R. B. Sutcliffe
Dr. M. Waboso
Mrs. G. R. Webster
(in memory of her husband)
Major General P. R. Wheatland
Dr. S. R. Williams
Dr. H. Winsley-Stolz

Study-Bedroom Block

Opposite is a recent photograph of Guy's showing in the foreground the multi-storey car park with the Greenwood Theatre and the residential block behind it, all at present under construction. The building with the overhead crane is the Price Waterhouse building at London Bridge Station.

The study-bedrooms are still due to be commissioned before October this year. The total amount allocated or promised for the building fund now exceeds £715,000. This total includes a further grant of £25,000 from the Wolfson Foundation, bringing their contribution to £275,000. Colgate Palmolive have recently given £3,500 and an anonymous donor has given a further £2,000 bringing his total contribution to £9,000. Gifts and covenants amounting to £32,394 have been received from 412 Guy's men and women and members of staff.

Further gifts are needed to meet the balance of the capital cost. An appeal for £500,000 is shortly to be made to the City, coinciding with our 250th Anniversary, and it is hoped that many more Guy's men and women will also give this scheme their support.

Wolfson House

Report : A.G.M.—Clubs' Union

In his report to the A.G.M. of the Clubs' Union on 31st January, the retiring Student President, David Fine, said that there still existed the problem of bad communications between the Committee and the Students. He was disappointed in the low attendance figures at meetings, although some 160 people were present at this A.G.M. During the year the Spit had been divided, the main dining room for meals and the lower spit for quick snacks, resulting in shorter queues.

During the year the British Medical Students Association had collapsed; the referendum held to decide whether the Union should apply on behalf of all medical students at the School to join the Health Student Section of the N.U.S. resulted in a vote against joining, 174—110.

The Medical School had rebuilt the Bar.

The Freshers' Week and Snowflake Ball had been a great success. The inflam equipment had been rebuilt and the records that had been stolen replaced.

He thanked Dr. Colin Hunter-Craig for his work in setting up the New Union and regretted that he now felt that he had to resign as Senior Secretary.

There was need to consider the possibility of having a sabbatical Student President, either for the whole year, or at least for the three months covering the Freshers' Week to the A.G.M.

Guy's Genetics Club

The next meeting of the Guy's Genetics Club will take place on Wednesday, 5th March, in the Biochemistry Lecture Theatre, Guy's Hospital Medical School, at 4.45 p.m. Dr. N. D. Carter, of London Hospital Medical College, will talk on "Molecular genetics of human carbonic anhydrase".

Consultant Appointment

We are pleased to announce that Mr. Ronald C. Francis, M.B., B.S., M.R.C.O.G., has been appointed Consultant Obstetrician and Gynaecologist to the Queen Elizabeth Hospital, Gateshead.

ANNUAL CLINICAL MEETING PROGRAMME

1st MARCH, 1975

(10 a.m.—12 noon and 2 p.m.—4 p.m.)

LECTURES

Anatomy Lecture Theatre, Medical School

11.45 a.m. Guy's Tower Block and New Dental School
—Mr. Harry Smith, Senior Partner of Watkins Gray & Woodgate International (U.K.)

2.15 p.m. Cases you have sent—Professor R. A. Cawson.

OPERATING SESSIONS

***Theatre No. 1 (First Floor, New Guy's House)**

10.00 a.m. "Removal of Dental Cyst"—Mr. R. C. Bret Day.
Anaesthetist—Dr. M. W. Potts.

11.00 a.m. "Enucleation of large maxillary cyst"—Mr. D. H. Gibb.
Anaesthetist—Dr. R. R. Watkin.

*This is a domed theatre and visitors will not need to change into theatre attire unless they enter the theatre.

DENTAL DEPARTMENT

Ground Floor

X-RAY DEPARTMENT

The Value of Masking (morning only)—Dr. F. L. Ingram, Mr. B. W. Beeching.

DEPARTMENT OF PERIODONTOLOGY AND PREVENTIVE DENTISTRY

Clinical Demonstrations (morning only)

Periodontal Surgery under Relative Analgesia—Mr. P. J. Kerr and Mr. R. J. Yuill.

The Palatal Flap Approach—Mr. S. Averill.

Table Demonstrations

Tape Slide Demonstrations—Mr. R. F. Wilson.

The Crevicular Fluid Meter—Professor R. D. Emslie, Professor M. N. Naylor.

Periodontal Quiz—Professor M. N. Naylor, Dr. F. P. Ashley and Mr. D. A. Rees.

Periodontal Problems—bring along models, radiographs, etc., of any periodontal cases you would like to discuss—Professor R. D. Emslie and Mr. D. N. Gouk.

Plaque Control including the use of phase Contrast Microscope in Patient Education —Mr. D. W. Macfarlane and the Hygienists.

Topical Fluorides—Mr. P. J. Mainwaring.

ORAL SURGERY AND CASUALTY DEPARTMENT

Casualty Department

Diagnostic Quiz : Cases seen in Dental Casualty—Mr. P. M. O'Driscoll, Mr. C. I. Hagger, Mr. J. Knox.

The Misplaced Maxillary Canine—Mr. J. Beckerson, Mr. H. Coonar, Mr. S. Hunter, Mr. P. M. O'Driscoll, Mr. P. Robinson.

First Floor

DEPARTMENT OF PROSTHETIC DENTISTRY

Tapeslide lecture : "The Use of Overlay Appliances" (morning only)—Professor D. J. Neill.

Tapeslide lecture : "Telescopic Prostheses" (afternoon only)—Mr. H. W. Preiskel.

"Composite Impression Procedures"—Dr. J. D. Walter.

"Common Faults in Complete Dentures"—Mr. B. J. Roberts.

A selection of Technical Work—Technical Staff.

DEPARTMENT OF ORAL IMMUNOLOGY AND MICROBIOLOGY

Prevention of Dental Caries by Vaccination—Professor T. Lehner, Dr. J. M. A. Wilton, Mr. S. J. Challacombe.

Immunological Aspects of Periodontal Disease—Dr. L. Ivanyi, Dr. M. W. Russell, Mr. E. J. Shillitoe.

DEPARTMENT OF ORAL MEDICINE AND PATHOLOGY

Xeroradiography in Dentistry—Professor R. A. Cawson and members of the Department.

Second Floor

CLINICAL ROOM 1

Third Molar Problems—Mr. C. I. Hagger, Mr. J. Beckerson.

DEPARTMENT OF CONSERVATIVE DENTAL SURGERY

Conservation Room

Root Canal Preparation—Professor A. H. R. Rowe (in his room).

Small Fixed Bridgework—Mr. W. A. Vale (in his room).

Technical Work for Crowns and Bridges—Mr. P. G. Bentley (in Mr. Vale's laboratory).

Cavity Preparation—Mr. J. E. Cardwell.

Plans of the Tower Block

Dental Implants—5 questions—Dr. R. B. Johns.

The Pulp '75. To cap or root fill ?—Dr. R. C. Paterson, Mr. A. Watts, Mrs. F. Paterson.

Lining Materials—Mr. P. Ayling, Mr. M. Malleson, Mrs. S. Roberts.

Adhesive Restorations—Mr. T. R. Pitt-Ford.

The Uses of Duralay—Mr. J. D. Haworth, Mr. H. E. P. Grabaskey.

Restorative procedures with rubber dam, labio-invisible Class III—Gold foil—Mr. L. Cree.

Clinical uses of sandblasting—Mr. R. H. W. Brodbelt, Mr. D. E. Bailey.

Telescopic crowns—Mr. R. L. Wood.

Temporary restorations for crown and bridgework—Mr. M. Gross.

Electro-surgery—Mr. J. McCormack.

A new nickel-chrome alloy for bonded porcelain restorations—Mr. I. Stuart.

Prefabricated posts for post crowns—Mr. A. A. Robinson.

Dam without tears—Mr. C. R. Debenham.

Porcelain jacket crowns—Mr. D. Howard, Mr. A. Macdonald.

Comparisons of bonded metals—Mr. A. Kerr, Mr. N. Pickering, Mr. S. Fennell.

Something old, something new, something borrowed, something . . .—Dr. D. Brown.

Dental Classroom

Film Programme—Mr. A. D. Robinson, Mr. R. A. Ellis, Mr. B. D. Glynn.

DEPARTMENT OF ORTHODONTICS AND DENTISTRY FOR CHILDREN

How to distinguish between the difficult and the straight-forward Orthodontic problems—Professor W. J. Tulley, Mr. A. C. Campbell, Mr. L. A. Usiskin, Mr. J. Metcalf, Mr. I. G. Crossman, Mr. D. Ramsey, Mr. I. D. Brown, Mr. D. Orme-Smith, Mr. R. Quealy.

More about Traumatised Anterior Teeth—Mrs. E. Jaffe, Mr. P. Longhurst, Mrs. D. Pool.

The Future of the Department

Audio Visual Programmes—Mr. S. P. Johns.

Direct Bonding—Mr. R. T. Reed, Mr. J. C. Bennett.

Technical Tips—Mr. P. Chittenden, Mr. J. Burniston.

DENTAL PHOTOGRAPHIC DEPARTMENT

Photographic Department at Work—Miss J. Hodgkin, Mr. A. Johnson.

Tea will be served in the Cafeteria,

Guy's Hospital Dental Society

Annual Dental Dinner

to be held at

The Park Lane Hotel

on

Saturday, March 1st

(7.00 for 7.30 p.m.)

Tickets: £5.00 qualified

£2.50 students

Available from: N. Jones,

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OBITUARIES

FREDERICK JOHN FARMER, L.D.S.

Frederick Farmer, who died on 16th January, 1975, was born at Ashby de la Zouche and, after overseas service in the First World War, entered as a student at Guy's Hospital Dental School. After qualifying, L.D.S., in 1921, he undertook a few locums, but soon began his life's work, which was a busy and highly regarded private practice in Herne Hill, South London.

In his younger days he was a keen low-handicap golfer and he maintained his standard well into his later years.

His wife, and two sons who died in early youth, predeceased him. His many friends and former patients will miss him sadly. F.F.K.

WILLIAM WARNER COOK, M.R.C.S., L.R.C.P.

William Warner Cook died on 8th January, 1975, aged 91. Born at The Abbey, St. Faiths, Norwich, on 25th June, 1883, he was educated at Pastons Grammar School, Felstead, and Guy's Hospital, where he qualified M.R.C.S., L.R.C.P., in 1907.

His medical career included several appointments at Guy's, amongst them that of Chief Clinical Assistant to the Orthopaedic Department. This promising start was terminated by a serious accident to his leg, necessitating his resigning his appointment at Guy's in 1910. After convalescence and a spell as ship's surgeon, he entered the practice of Dr. A. E. Blackburn in West Hartlepool, Co. Durham, where he remained for 39 years, building up a large private practice in addition to the usual panel work. He filled the post of Surgeon to the Hartlepool's Hospital from 1937 to 1951, was M.O.H. to the Hartlepool's Rural District and Medical Officer to the Colliery Compensation Board for County Durham. His work at the hospital did not end in the operating theatre; he became deeply involved in the general running and welfare of hospital, staff and patients.

In 1952 he retired from practice and returned to his home County of Norfolk where he continued to do locums for 10 years. In his medical work he was deeply respected and loved by many, painstaking thoroughness and integrity being his hallmark. These characteristics extended to his hobbies, for he became something of an expert and won many prizes as a rabbit fancier, ornithologist, beekeeper and gardener. He was a good shot and on the bowling green he excelled himself, playing in the English Bowls' Trials 1933-1936, representing his country as a member of the British Bowling Team which toured South Africa in 1949-1950, becoming E.B.A. President of Durham County in 1933 and E.B.A. President of Norfolk County in 1957.

Freemasonry also played a part in his life and he was a member of the Harbour of Refuge Lodge, West Hartlepool, and Old Pastonian Lodge, Norwich. Firm religious beliefs and regular church going sustained him during his life. Throughout all these activities he was ably supported by his wife, Vera, who, with one son and two daughters, survives him. P.R.H.

MODE OF ACTION OF CONTRACEPTIVES

T. H. J. Goodship, S. G. Overal, M. G. N. Bourne

THE MODE OF ACTION OF ORAL CONTRACEPTIVES

The mode of action of oral contraceptive drugs is a most complex subject and there are many difficulties involved in assessing their mode of action.

These include :

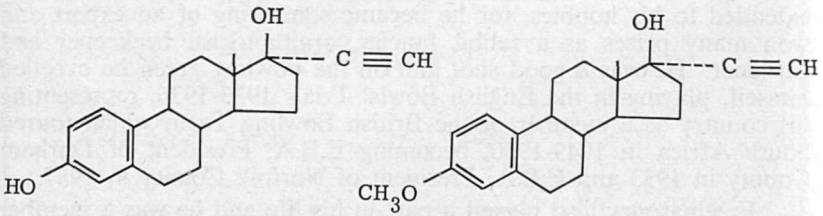
(a) The lack of information as to the physiological mechanisms in the normal regulation of female release, fertilisation, implantation and early embryonic development in the human species.

(b) Animal experiments only give an indication as to where studies should be concentrated, for it is imperative that the mechanism of action of oral contraceptives should be ascertained from studies in man.

(c) Closely related compounds may not exhibit the same mechanism of action, moreover, different doses of the same compound may not work by a similar mode of action.

(d) More than one treatment cycle must be assessed since the hormonal effect of a contraceptive steroid may change after one or more cycles.

Before going into the mode of action of contraceptive drugs, it is worth saying a few words as to the nature of the principal oral contraceptives. The combined pill contains various combinations of an orally active oestrogen and a progestogen, and is usually administered for 20, 21 or 22 days, followed by seven (or six) days of medication. The oestrogen component is either ethinyl oestradiol or mestranol. (See figure 1)



Ethinyl Oestradiol

Mestranol

Figure 1—OESTROGEN COMPONENT OF THE COMBINED PILL.

Following the recommendations of the committee on the Safety of Medicines, it is now law in this country that the dose of oestrogen does not exceed 0.5 mg. This, it is hoped, will cut down the risk of thromboembolism due to oestrogen.

There are basically two groups of progestogens in the combined pill :

(a) Those compounds related in structure to testosterone and 19 nortestosterone, such as norgestrel and norethisterone.

(b) Those compounds related in structure to 17 ∝ OH progesterone. This group includes chlormadinone acetate, megestrol, and medroxyprogesterone acetate.

The sequential pill was found in several different forms:

(a) The classic form—oestrogen is taken on days 5 to 20 of the menstrual cycle, oestrogen and progesterone together are taken on days 21 to 25.

(b) The modified form—oestrogen only is taken on days 5 to 16, oestrogen and progesterone on days 17 to 25.

(c) The step-up sequential—an oestrogen microdose is taken on days 1 to 5, first oestrogen increment on days 6 to 16, second oestrogen increment on days 17 to 20, and combined oestrogen and progesterone on days 21 to 25. Due to the high method failure rate and the large amount of oestrogen in this pill, the contraceptive is no longer used.

The continuous progestogen method involves administration of a potent progestogen, such as chlormadinone acetate, in small doses throughout the cycle without interruption. The dose is usually 0.5 mg. or less, norgestrel is however found effective in doses of 0.5 to 0.7 mg.

The mode of action of the three different types of contraceptive will be discussed with reference to six following possible sites of action.

1. Pituitary-hypothalamic axis;
2. The ovary;
3. The endometrium;
4. Cervical Mucus;
5. The fallopian tube.

The Pituitary-Hypothalamic Axis

The normal menstrual cycle is characterised by an early follicular phase elevation of serum FSH, a midcycle peak of both serum LH and FSH lasting 24-27 hours and a low luteal phase concentration of both hormones, see Figure 2.

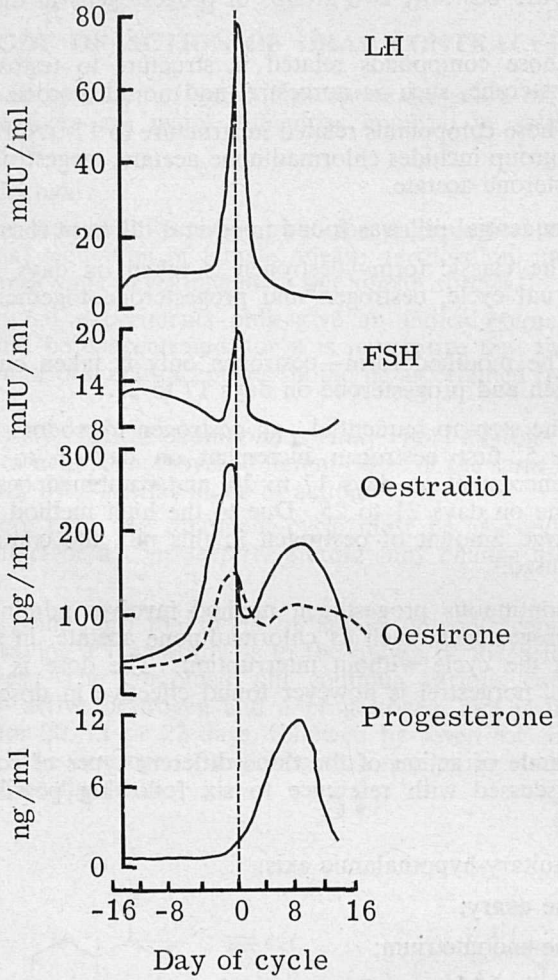


Figure 2—PLASMA LEVELS OF GONADOTROPHINS AND OVARIAN STEROIDS DURING A MENSTRUAL CYCLE.

The effect of oestrogen and progesterone on these hormone levels is summarised below.

	LH Secretion	FSH Secretion
Oestrogen Small doses (10-20 μg)	No action	Increase
Oestrogen Large doses (>80 μg)	Increase	Decrease
Progesterone Large doses (>1 mg)	Decrease	No action
Progesterone low doses (>20 μg)	No action	No action

Figure 3—EFFECTS OF OESTROGEN AND PROGESTERONE ON THE SECRETION OF LH AND FSH.

The high dose oestrogen combined pill has been found to decrease both FSH and LH secretion. Elstein, however, has put forward evidence that the low dose oestrogen combined pill may not suppress FSH secretion allowing follicle formation.

Thus in the combined pill it would seem that oestrogen is responsible for any FSH suppression whilst progestogen is responsible for all suppression. It is probable, however, that the oestrogen and progestogen acts in a synergistic manner.

The sequential pill was found to produce two effects :

(1) aberrant LH peaks;

(2) the ablation of the early rise in FSH. Either of these two might explain the anti-ovulatory action of sequential drugs.

From experimental evidence it would seem that the low dose oral progestogen does not effect FSH or LH secretion to as great a degree as the combined pill. Originally it was hoped that the low dose progestogen would not affect the hypothalamic-pituitary axis.

The Ovary

It is probable that contraceptive steroids have effects at the ovarian level. They have for instance been found to diminish the sensitivity of the ovaries to gonadotrophins to interfere with ovarian utilisation of LH and interfere with the steroidogenic activity of the ovary. Much of the work in this field has involved the determination of whether exogenous gonadotrophin could compensate for the pituitary inhibition or whether there was a form of blockade to gonadotrophin stimulation at the ovarian level. Working both with man and other animals, many workers have found that they could not induce ovulation and many have found that they could. Thus the possibility cannot be disregarded that certain contraceptive

steroids diminish the ovarian sensitivity to gonadotrophin stimulation but that this effect can be overcome by the administration of an increased amount of gonadotrophin.

The Endometrium

Under the influence of a sequential stimulation by oestrogen and progesterone, the endometrium exhibits characteristic changes in each menstrual cycle. In the first part of the cycle the endometrium is under the influence of oestrogen, there is then a gradual transition at the time of ovulation and as the luteal phase progresses the effects of progesterone become dominant. The morphological changes are associated with intricate biochemical changes. Animal experiments indicate that endometrial changes regulated by a delicate oestrogen-progesterone balance are critical for implantation. During menstruation the superficial spongy zone of the endometrium is sloughed off. Repair occurs rapidly consisting of an outgrowth of epithelium from the lower basal layers of the endothelium. During the pursuing proliferative phase of the cycle the vascularity of the endometrium increases whilst the cells constituting the glandular epithelium become longer and more sinuous. As a consequence of these changes the endometrium becomes thicker. With the combined pill it has been found that up to day nine of the cycle glandular development progresses normally. Then instead of the continuous growth seen in the normal cycle, it seems to slow down abruptly and come to a complete halt by about day 15. Administration of the sequential pill results in a marked proliferation followed by secretory changes. There is no evidence of exhausted or atrophic glands and the endometrium thinned on continued administration as it does with the combined pill. Contraception based on continuous progestogen administration brings about a large variation in the histological pattern seen in the endometrium. The variation ranges from inactive to secretory with a fair amount of irregular secretory patterns. It is interesting that here seems to be a critical stage of endometrial development for implantation, since the blastocyst will occasionally implant in the fallopian tube then there may be certain anti-implantation factors present in the endometrium at other times of the cycle.

Cervical Mucus

Cervical mucus is another point at which oral contraceptives may exert their action. Cervical mucus can be thought of as a mesh-like structure consisting basically of long threadlike molecules of glycoprotein with cross linkages occurring via sialic acid and small proteins. During the proliferative and luteal phases of the cycle this mesh-like structure is thought to inhibit sperm penetration. However, in midcycle there is a decrease in the sialic acid and small protein concentration of the mucus resulting in a breakdown of the mesh. All the changes in the mucus at midcycle are brought about by oestrogens.

Both the combined pill and the low-dose continuous progestogen result in characteristic anti-oestrogenic effects whereby one gets an increased viscosity, decreased spinnbarkeit, and decreased ferning in midcycle mucus. This results in the mesh structure being maintained during the midcyle period. The sequential pill has no adverse effect on the cervical mucus prior to the administration of the progestogen. This therefore cannot be a point of action for the sequential contraceptive.

The Fallopian Tube

Tubal motility is thought to be another point at which contraceptive steroids may exert an action. Following successful fertilisation the zygote is passed down the fallopian tube, the duration of passage in man appears to be about three days. There seems to be a crucial time relationship between the fertilised ovum and its environment as it approaches the uterus and this relationship is under the influence of a delicate hormonal balance. Ciliary activity, the flow of secretions and muscular activity are all instrumental in the regulation of the passage of the ovum. Generally speaking, oestrogens increase the rate of secretion of tubal fluid, stimulate growth and activity of the cilia of the tube and increase the peristalsis of the tubal musculature. Progesterone on the other hand generally seems to exert an opposite effect on these parameters. Very little work has been done on the effect of oral contraceptives on tubular activity. What has been done suggests that the oestrogen in the combined and sequential pill results in a higher tubal activity which if ovulation were to take place could expel the fertilised ova too quickly for implantation to take place.

Conclusion

In summary it is probable that the main mode of action of the combined pill (low dose oestrogen) is suppression of the LH peak, backed up by actions on the endometrium, ovary, FSH secretion, cervical mucus and the fallopian tube. The main action of the sequential pill is to suppress FSH secretion backed up by actions on LH secretion. The main mode of action of most low dose progestogens is on cervical mucus, backed up by actions on the endometrium, ovary and fallopian tube.

T. H. J. Goodship.

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IUD'S—HOW MUCH DO WE REALLY KNOW?

Development

The first reliable report on the contraceptive action of IUD's was made by Grafenberg in 1928 using devices made from silk-worm gut and silver wire. It was not until the introduction of plastic devices in the early 1950's that the IUD became more acceptable as a potential means of contraception.

Most of the early devices were ring-shaped, but in 1959 Margulies produced a spiral IUD made from polyethylene. This material possesses a high resiliency so that the device can be straightened out and readily inserted through the cervix. Many varied designs appeared during the next five years including the now familiar Lippes loop and Saf-T-coil.

In 1962 an intensive research programme was started to investigate the effectiveness and modes of action of different IUD's. Firstly, it was shown that closed devices, such as the Birnberg bow, were unpopular since they required dilatation of the cervix for insertion and also could cause strangulation of the intestine if they migrated through the uterus into the peritoneal cavity. Secondly, it was found that the larger devices were more effective in preventing pregnancy but unfortunately, were also associated with a high incidence of unpleasant side effects such as pain and bleeding and thus had a poor continuation rate. Finally it was shown that the expulsion of a device could be reduced by increasing its rigidity using polypropylene but this produced similar unwanted side effects.

Further work suggested that the efficiency of a device was related to the surface area of the device exposed to the endometrium and that the side effects were caused by distortion of the uterine cavity.

In an attempt to overcome these problems[7] the copper-T-device was introduced. The shape of this was designed to conform to the natural shape of the uterine cavity and the copper wire was present to increase its antifertility properties. Initial trials on the copper-T-device showed that the incidence of pregnancy could be greatly reduced by increasing the surface area of copper exposed to the endometrium (see Figure 4).

Despite its effectiveness, the copper-T-device is an impractical shape for insertion and has been superseded by the copper-7-device (or Gravigard).

Hormone-Releasing IUD's[1]

The concept of hormone releasing IUD's was first developed in 1968 by Doyle and Clewe working with rats and rabbits and using silicone rubber rods impregnated with a progestin. However, human trials have so far proved disappointing. The advantages of applying steroids locally to the endometrium are obvious. Firstly, the doses

Surface area of copper (mm^2)	Cumulative rate of pregnancy / 100 users / first year
-	18.3
30	4.9
120	2.0
200	1.7

Figure 4—RELATIONSHIP OF SURFACE AREA OF COPPER TO CUMULATIVE RATE OF PREGNANCY.

required would be much lower than those used in oral contraceptives and secondly, unwanted systemic side effects could be avoided. At present the main difficulty with this form of contraception is the inability to maintain a sufficiently high concentration of hormone over a long period of time.

Mode of Action

The main criteria determining the effectiveness of an IUD, namely the size, shape, surface area, flexibility and type of material from which it has been manufactured are well recognised, but how the presence of a foreign body in uterus exerts a contraceptive action is still uncertain.

There are two main theories at present :—

(a) The IUD stimulates the production of a toxic substance which is capable of destroying the ovum and/or sperm.

(b) The IUD indirectly prevents implantation of the fertilised ovum.

It is often difficult to correlate animal and human studies due to the wide range of responses produced in different species and also due to their varying reproductive physiology, but the following section attempts to summarise some of the findings supporting the two theories.

It has been clearly demonstrated that the mobilisation of polymorphonuclear leucocytes within the endometrial cavity and to a lesser extent in the stroma, is common to all mammals and types of device which have so far been studied.

Quantitative studies made on rabbits showed that there was a direct correlation between the density of leucocytes present in uterine washings and the antifertility effect of the device.

Human studies[1] using hysterectomy specimens and endometrial biopsies taken from women using the Lippes loop showed the presence of high levels of neutrophils, mononuclear cells and plasma cells for the first six months following insertion.

The number of plasma cells then decreased to control levels, whereas the number of neutrophils and mononuclear cells declined slightly but remained elevated compared to control levels. Analysis of uterine flushings gave similar results.

It is known that some bacteria are inevitably introduced into the uterine cavity during insertion of a device but the uterus becomes sterile again two to four weeks later. It was therefore suggested that the high levels of cells present initially are related to a mild bacterial infection as well as the presence of a foreign body and that later the inflammatory response is being provoked by the device alone. The importance of this phenomenon in the antifertility properties of the IUD is not absolutely clear, but it seems probable that the leucocytes are capable of producing an embryotoxic substance.

Sagiroglu[5] studied thirty-seven women using the Lippes loop and made smears directly from the device—He reported the presence of large numbers of macrophages (approximately one million/device) and suggested that these cells covered the surface of the endometrium thus preventing implantation of the fertilised ovum and that they were also actively phagocytic. So far this work has not been repeated in humans, but studies made in baboons showed that only small numbers of macrophages were present and that these were relatively outnumbered by polymorphonuclear leucocytes.

An IUD does not seem to produce any serious, consistent pathological changes of the endometrium, however ultramicroscopic studies indicate that premature maturation of the endometrium takes place in women wearing inert IUD's. It has been suggested that the prematurely aged endometrium may provide an unsuitable environment for implantation of the blastocyst.

Also measurements of plasma progesterone, urinary oestrogens and pregnanediol suggest that ovarian function is unaltered in women using IUD's, but a shortening of the luteal phase of the menstrual cycle by an average of two to three days was a significant and constant finding.

Studies on the changes in myometrial activity and contractility of the fallopian tubes produced by an IUD have yielded conflicting results and it is difficult to correlate these with the contraceptive action of the device.

It would seem[2, 3] that with copper devices the copper possesses antifertility properties of its own. In large doses, copper is toxic to normal cell growth and sperm. Studies on rats and monkeys have suggested that the enhanced antifertility properties of the copper devices may be accounted for by their ability to provoke an even greater leucocytic mobilisation than the plain polyethylene devices.

Are IUD's suitable as a means of contraception ?

The obvious advantages of the IUD as a contraceptive method are that firstly, no active participation by the user is required after the insertion of the device and secondly, that the effects of the

device is a local one on the endometrium.

The main disadvantages of IUD's are more difficult to assess. Many women have the devices removed due to intolerable pain and/or bleeding. Others will not have the device reinserted after it has become expelled and so on. Thus by the end of the fourth year of use, the continuation rate for women wearing Lippes loop-D has been shown to be under 50 per cent.

The failure rate of the best type of device is about 2-3/100 women years which is still greater than that for oral contraceptives but better than many other forms of contraception. However, if an IUD wearer does become pregnant it would seem that the hazards of an ecoptic pregnancy and a miscarriage are increased amongst these women. A recent report[6] showed that among ninety unplanned pregnancies in women using an IUD (the great majority occurring with the device still *in situ*), eight (8.9 per cent) were ectopic. Among the 837 other pregnancies included in the analysis only 2 (0.2 per cent) were ectopic. Also these unplanned pregnancies were about three times more likely to end in a miscarriage than pregnancies occurring under other circumstances.

Conclusion

A large variety of different types of IUD are now commercially available and it would seem to be a well-established method of contraception for both parous and nulliparous women.

The effectiveness of the device is second only to oral contraceptives and is therefore useful for women who are unable to use the pill.

The main difficulties still to be overcome are the unwanted side effects produced by the device, including those of an unplanned pregnancy. Hopefully, future research will clarify how an IUD exerts its antifertility action and will allow us a more complete understanding of its safety as a contraceptive.

S. J. Overal.

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NEWER IDEAS IN CONTRACEPTION

Introduction

The ideal pharmacological contraceptive should have 100 per cent efficacy, no serious side-effects, and should be easy and not unpleasant to administer reliably.

Although the "combined-pill" is very efficacious it does have some unpleasant side-effects and is not suitable for every woman. In addition it must be taken daily and absent-mindedness can lead to unwanted pregnancies.

POST-COITAL CONTRACEPTIVES

In recent years a good deal of research has been undertaken to develop a post-coital contraceptive. The advantage of giving a contraceptive drug post-coitally is that in a woman who has intercourse infrequently it may serve to reduce her exposure to the drug and therefore reduce side-effects. However, in women having frequent intercourse it may amount to continuous medication and defeat its own objective.

Possible modes of action

After ovulation the ovum passes down the oviduct towards the uterus under the influence of peristalsis and the action of cilia lining the oviduct. Fertilisation usually takes place in the outer third of the oviduct one to two days after ovulation, the zygote normally reaches the uterus and implants four and eight days after ovulation respectively. Post-coital contraceptives can interfere with this sequence of events in several ways.

Firstly, the motility of the oviducts and uterus may be affected, an increase in motility leading to expulsion of the zygote from the genital tract or a decrease in motility leading to retention of the zygote in the oviduct and failure to implant. Secondly, implantation may be prevented by an alteration in the state of the uterine endometrium or in the composition of tubal or uterine fluids. Thirdly, what amounts to an early abortion may be caused by inhibition of progesterone production by the Corpus Luteum (Luteolytic action) or by increasing the motility of the uterus sufficiently to induce menstruation in spite of successful implantation. Lastly, post-coital contraceptive agents may act by a direct cytotoxic effect on the ovum or zygote. The danger with this last method is that if the agent fails to destroy the zygote and pregnancy continues it may result in the birth of a severely malformed child.

Oestrogens

Oestrogens such as Diethylstilboestrol and Ethinyl-oestradiol have been widely used in America as post-coital contraceptives, largely on the college campus and in the treatment of rape victims. In 1971 Kuchera published a study of 1,000 cases where no pregnancies occurred following the administration of 50 mg. of Diethylstilboestrol daily for five days, commencing within 72 hours of unprotected mid-cycle intercourse.

Providing that the treatment is started early enough oestrogens appear to be extremely effective; however, once implantation has occurred the pregnancy is remarkably tolerant of exogenous oestrogens.

Evidence suggests that the mode of action of post-coital oestrogens in man is due to closure of the utero-tubal junction and interference with zygote transport. This is supported by the fact that there is an increase in the incidence of ectopic pregnancies in cases of ineffective oestrogen treatment. There is some evidence that in animals oestrogens may have a direct cytotoxic effect on the zygote but this has not been substantiated in man. The ability of oestrogens to alter the composition of oviduct fluid and reduce the level of carbonic anhydrase in the endometrium is unquestioned, though whether these changes are sufficient to produce an environment hostile to embryonic survival is not known.

The drawback with oestrogens is the size of the dose required. The minor side-effects of the treatment outlined above include anorexia, severe nausea and vomiting in many cases. More serious is the established correlation between ineffective post-coital oestrogen treatment and the increased incidence of vaginal cancer in female offspring. This risk of transplacental carcino-genicity is extremely serious and unless an oestrogen can be developed which lacks this unfortunate property it is extremely unlikely that oestrogens will be used as post-coital contraceptives in this country.

Prostaglandins

A great deal of interest is at present being shown in the use of natural and synthetic prostaglandins in post-coital and post-conceptional fertility control. Prostaglandins stimulate the smooth muscle of the uterus to contract powerfully, the contractions being similar to those found during normal menstruation, except that they are often very painful. The effect of prostaglandins on uterine smooth muscle appears to be independent of the menstrual cycle or the length of gestation in pregnant women, and they are used routinely in therapeutic mid-term abortion to aid expulsion of the foetus.

Bygdeman *et al* have published the results of a small clinical trial of the efficacy of prostaglandins as post-coital contraceptives. Their subjects were female volunteers who had missed a period by two days to two weeks, their pregnancies were confirmed by immunological testing. Fifteen women were given an intra-venous infusion of 37 mg. of Prostaglandin F2α (PGF2α) which successfully induced an abortion in ten women. Four women were given intra-uterine infusions of 0.5 mg. of PGF2α and two successfully aborted. Intra-uterine administration is obviously more efficacious, though more laborious, and also causes less side-effects as the serum concentration of prostaglandin is never very high. Intra-vaginal administration, though very simple, is not a local administration as the prostaglandin acts through the blood stream and is not very effective. All of the subjects showed increased uterine contractility often causing severe abdominal pain, other side-effects included nausea and vomiting which was particularly severe in the cases of those receiving intra-venous infusions.

Many of the subjects showed menstrual-like bleeding but this was not correlated with successful induction of abortion. One half of the subjects that did bleed at the time of prostaglandin adiminstration continued their pregnancies whereas of those who did successfully abort after prostaglandin administration, one quarter showed no bleeding until the next expected menstrual period.

Although the efficacy of PGF2∝ falls well short of requirements, prostaglandins do have great potential in this field. Their efficacy is improved by early administration, and recently an orally-active prostaglandin has been synthesized which is twenty times more efficacious than PGF2∝ as an abortifacient in guinea-pigs. It really does seem likely that the development of a synthetic prostaglandin suitable for humans is only a matter of time.

Perhaps the greatest problem with post-coital or post-conceptional fertility control is a moral one. Although it may be argued that fertilisation is not complete until implantation has occurred, many people would consider that it is in all instances a form of abortion. It is questionable whether it will be a method that is accepted by a large enough proportion of the population to make it a significant method of birth control in the future.

LONG-ACTING PREPARATIONS

The research into long-acting preparations for contraception has embraced three of the main aims in contraceptive improvement. Firstly in trying to reduce the amount of drug to which the individual is exposed, secondly in reducing the amount of motivation, co-operation and memory required of the patient and thirdly in reducing the amount of time required from professional personnel. Most of these preparations are based on the low-dose progestagen regime.

Medroxy-progesterone acetate (MPA)

MPA is a synthetic progestagen, which is only slowly absorbed from its site of injection. A deep intramuscular injection of 150 mg. of MPA is sufficient to maintain blood levels of MPA comparative with reliable contraception for around three months, therefore only four injections are required per year.

Schwaillie *et al* have surveyed the efficacy of MPA over five years and the efficacy of the method is high though not as good as the "combined-pill". MPA is a potent inhibitor of gonadotrophins and continued use leads to endometrial suppression producing an environment hostile to implantation. Probably its most important contraceptive action is the inhibition of the decrease in viscosity of the cervical mucus which occurs around the time of ovulation which then interferes with the passage of sperm. Menstrual bleeding becomes irregular and frequent though it is generally in the nature of "spotting" rather than a heavy loss. Ovulation is not suppressed. Trivial side effects include headaches, abdominal discomfort and nervousness.

Recently doubts have been raised as to the safety of MPA. A survey has shown that there is a two-fold increase in cervical cancer in women given MPA. Also in women given MPA in cases of threatened abortion there have been reports of "virilisation" in female offspring which is occasionally irreversible. The Food and Drug Administration of the United States has withheld permission for the use of MPA until such doubts can be abolished, though for a long time MPA has been almost the sole available form of pharmacological contraception in Thailand and Taiwan.

Intravaginal administration

Henzl *et al* have investigated a method of intra-vaginal administration of a low-dose progestagen regime. The progestagen chlormadinone acetate (CMA) is contained in the hollow core of a silicone elastomer (silastic) ring which is then fitted around the cervix like a Dutch-cap, except that it is an open ring and therefore allows the passage of menses.

Silastic rings containing no CMA have been left *in situ* for three consecutive menstrual cycles without disturbance and caused no cervical irritation nor any increase in the incidence of vaginal infections.

Although the contraceptive efficacy of the "silastic" rings has not yet been tested, their physiological effects have been studied over a one-month period. A ring containing 55 mg. of CMA maintains blood levels of CMA within the limits found with 0.5 mg. daily oral dosage but with less daily variation. The cyclic changes of the uterine endometrium are suppressed giving a pseudo-secretory endometrium and the decrease in viscosity of the cervical mucous which occurs around ovulation is also inhibited.

The "silastic" rings have great potential as a means of contraception in the future for they are non-invasive, safe to use, cheap to produce and require only the minimum time from qualified personnel.

M. G. N. Bourne

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"Mode of Action of Contraceptives" was written by three clinical medical students. They studied this topic during their Pharmacology B.Sc. Course and hope that these essays may be of some use to people interested in this subject.

An Army Doctor's time is time well spent.

Today's modern Army is a professional Army and it requires professionals to keep soldiers healthy.

The task awaiting.

To fulfil their tasks in a modern Army, soldiers must be well trained, well motivated and fit – not only in body but contented in mind as well. They must be secure in the knowledge that they and their families' health and care are in the hands of well trained professional men and women.

Could you take care of them?

Whether the Army is engaged in Belfast, exercising on the Canadian prairies or battling against Norwegian snow storms in NATO training, they require a doctor to look after them. To keep up with 'the professionals' you must be fit and competent.

We can help you achieve both.

Two careers in one.

As a doctor in the Army not all your time is going to be spent in a consulting room. You will not only be a doctor but an Army Officer as well.

You have total care of your patients, you look after them, share their sporting activities and travel with them on operations or on training exercises.

You are part of a team in the modern 'professionals'.

You will work from a fully equipped consulting room with the immediate backing of fully staffed hospitals, spread across the globe wherever the Army is stationed.

How will joining the Army affect your professional career?

We need fully trained doctors, both men and women, doctors capable of responding to any emergency. We dare not let your training suffer.

If you join as a cadet whilst still at Medical School there will be no calls upon your time until you become fully registered. Should you join as a direct entrant during your pre-registration year, we will wait until you complete your training. Should you wish to do additional house appointments we will give due consideration to your request. Agreement is almost always forthcoming for those wanting to do additional clinical appointments which are not available in the Army.

Applications are also welcome from fully registered practitioners who would like a change or feel we can help them with their professional training.

When you join for duty we will give you an introduction to the Army as well as to the special aspects of Medicine in the Army.

Specialising in the Army.

During your Short Service Commission

you may be given the opportunity to specialise or to do your vocational training as a general practitioner.

Selection for specialisation is competitive and dependent upon vacancies in the Speciality of your choice.

There is a continuing need for junior doctors in the Army's nineteen hospitals and these posts must be filled.

If you decide to stay with the RAMC as a regular officer your training will continue to be acceptable as a consultant.

All you have to do is to prove yourself to be a prospective consultant.

The Army General Practitioner.

The policy of further postgraduate medical training which is to be implemented as a result of the Report of the Royal Commission on Medical Education – the 'Todd Report', is now being followed in the RAMC. There are already approved training practices with approved RAMC trainers not only in Western Germany but further abroad as well.

You could do your hospital training in the UK, Germany or even Hong Kong.

In a fit young Army we can not offer you Geriatric training but we can offer: Accident and Emergency Surgery, Obstetrics, Paediatrics, Anaesthetics, Dermatology, Medicine and Psychiatric training appointments.

Modern teaching and library facilities are being provided in all the teaching practices and some others.

You could help us to help you by becoming a more competent and fully trained doctor.

Pay and Gratuities.

Basic Pay.

Rank	Service	Pay
Second Lieutenant	Medical Cadet	£1015 plus an Education Grant of £949
Lieutenant	Provisionally Registered Medical Practitioner	£2785
Captain	On full registration/ appointment	£4548
	After two years in the rank	£4614

Tax free Gratuities on completion of service.

Length of Service	Length of Cadetship	Gratuity payable
Five years	Three years Two years One year	£1400 £2000 £2600
Three years	Nil	£1500
Five years	Nil	£3000

Direct entrants in the pre-registration year are eligible for an additional £200 or pro-rata proportion thereof.

Additional Pay and Allowances.

Diploma pay is paid if you have or obtain one of the following Diplomas: DPH; DTM&H; DIH; D(Obst)RCOG; Dip Av Med; MRCGP. At the moment Diploma Pay is £109 per annum.

Additional Allowances are payable for overseas service, children's education and removal expenses.

On completion of your Commission.

At the end of your service you may decide to apply to convert to a regular commission, extend your Short Service Commission (to a maximum of eight years) or take your gratuity and embark upon a civilian career.

Should you decide to try civilian life, your time in the Army will be recognised by the DHSS for seniority payments where appropriate and your gratuity is a valuable asset when it comes to starting to finance a house, surgery premises or purchasing all that expensive equipment that the Army has been providing free.

So you see your time as an Army Doctor could be time well spent in providing for your future.

If you would like a copy of our booklet 'Doctor in the Army', or to visit an Army Hospital or discuss any queries we might have raised in your mind about your future in the RAMC write to: Brigadier (Retd) John J. Voller MRCS. LRCP. FFARCS. Dept. M8 Regimental Headquarters RAMC, Royal Army Medical College, Millbank, London SW1 4RJ.

RAMC Officer

Guy's Hospital Gilbert and Sullivan Society

"TRIAL BY JURY" and "H.M.S. PINAFORE"

The operetta "Trial by Jury" was first performed exactly one hundred years ago this Easter. On that occasion it was part of a triple bill, whose first item sounds as if it was a disease to be reckoned with—"Cryptoconchoidsyphonostomata"; or according to the first night programme—"While it's to be had".

The Guy's Hospital Gilbert and Sullivan Society adopted a modern coupling and wisely chose to perform "H.M.S. Pinafore" as the second work of their double bill. This was presented from 23rd to 25th January in a new venue, the Scott Lidgett School in Bermondsey.

The printed programme was thoughtfully produced in the form of a legal brief, rolled and tied with ribbon. Armed with their programmes, the capacity audiences were able to select their seats in what turned out to be a modern octagonal school hall. Octagons are strange beasts and the stage in this hall was exceptionally wide but very shallow. This produced a very effective "Cinemascope" effect for each tableau. However, the stage itself was very low, and it was thought necessary to place the orchestra to one side and at the same level. As a result, the lithe musical directors would have appreciated the physique of Janus, as they spent much of their time trying to face in two directions at once. Another mysterious consequence of this positioning of the orchestra placed a strange cast in the eyes of all those on stage, who it was clear were always most attentive to the conductor.

Both works were competently produced by Stephen Taylor, who is becoming well established as an interpreter of Gilbert and Sullivan. He brought out as much life, colour and movement as could be hoped for from these works.

The orchestra was under the able leadership of Edward Shillitoe and they played with the zest and vigour needed for these pieces.

"Trial by Jury" is a one-act operetta in which the Plaintiff—very endearingly performed by Penny Barrett—sues her fiancé for breach of promise. The part of the Defendant was taken by Nicholas Surridge, a good actor whose pleasant voice came across well. Eventually the Judge, played expertly by John Squire, who is an experienced Gilbert and Sullivan performer, decides to marry the Plaintiff himself, and this seems to suit everybody. Other soloists were Mike Bostock, who as Usher had many demanding low notes to reach which he managed much to the audience's delight; Stuart Bull, a deep baritone, played the Counsel for the Plaintiff; Tim Palmer and Christine Elliott led the chorus as Foreman of the Jury and First Bridesmaid respectively. The whole was ably conducted by Nicholas Bathurst.

"H.M.S. Pinafore" is a longer operetta in two acts. The orchestra, led by Edward Shillitoe and conducted by Richard Hayward, played the overture magnificently and the curtain opened on a very professional-looking set—the quarterdeck of the ship, with several sailors suspended halfway up the rigging. The costumes in this production, as in "Trial", were all most effective. The plot began with Little Buttercup asking the sailors to buy her wares. Judy Weaver, mizzo sang and acted this part very confidently. Ralph Rackstraw, a mere deckhand, sung admirably by Chris Allen, reveals his love for his captain's daughter. We were introduced to other sailors, notably Dick Deadeye, a rich bass, acted superbly by Tim Cranwell, and Bill Bobstay, played by David Stephens who was obviously thoroughly enjoying every minute of his performance. Other leading sailors were Bob Becket and Tom Tucker, played respectively by Richard Money and Stephen Bamforth; also the Sergeant of Marines in a striking costume played by Tim Palmer. When Josephine, the captain's daughter, appeared, we remained transfixed by the whole performance. Mary Jones has a lovely controlled soprano voice and we could hardly fault her except on a few very high notes. Sean Tighe was a marvellously pompous Sir Joseph Porter, to whom Josephine was supposedly betrothed, and Captain Corcoran was played by Eugene Wheelwright, a welcome new soloist. Christine Hayward led the chorus of sisters, cousins and aunts as Hebe. Eventually Buttercup reveals that the Captain and Ralph were swapped at birth so, of course, Sir Joseph will not marry beneath his station to a mere deckhand's daughter, and Josephine and the new Captain Ralph live happily ever after.

Last, but by no means least, the choruses, on which both works lean heavily, are to be commended for their bold support of the central characters.

To those who missed the performances, go condolences, with the hope that when the next Gilbert and Sullivan production takes to the boards there will be an epidemic of "Cryptoconchoidsyphonostomata" —or taking of the entertainment while it's to be had.

David Brown
Susan Barker

BOOK REVIEWS

"Prolactin: Physiology and Clinical Significance" by David F. Horrobin. Pp. 239. Price £9.50. Published by Medical and Technical Publishing Co. Ltd.

Since prolactin was finally identified by radioimmunoassay in 1971, there has been a wealth of investigations carried out into the physiology and significance of prolactin, which makes the time now ripe for the appearance of a book such as this. Dr. Horrobin quite justifiably makes no apologies for the speculative nature of the text, which personally I find very refreshing. Within the three main sections entitled "Physiology and pathophysiology of prolactin, prolactin and human disease, and hypothesis", he presents a well balanced review of the literature up until 1972, and in so doing manages, unlike many authors, to withstand the temptation of allowing his own interest into the effects of prolactin as water and electrolyte balance to predominate over the other equally important fields of research.

There is no doubt that prolactin is a hormone affecting many different systems within the body and if the reader learns no more than this from the book, its publication is indeed justified. As in any rapidly changing field a monograph such as this is always to a certain extent dated by the time it appears. This, however, should not be allowed to detract from the value it serves, which to my mind is one of an essential reference manual for any department remotely connected with endocrinology.

At £9.50, however, it is not cheap and this I think is bound to limit its circulation in the "private sector".

T. M. Coltart.

"Basic Surgical Techniques" by R. M. Kirk. Pp. 168. Illustrated. Price £1.50. Published by Churchill Livingstone, Edinburgh.

This is a good manual and a usefully illustrated book for Junior Housemen and qualified nurses. I do not think it would be helpful to surgical students as it could be misleading particularly due to the lack of detailed explanations concerning some operative situations. For example, the chapter on Anastomosis and Catheters gives no mention of the reason for two layer anastomosis and fails to mention pre-operative bowel preparation which would be useful as it is intimately connected with the success of the procedure. People advised to read this book should have a sound surgical knowledge or should be of the standard of a qualified nurse. -As a practical manual it is a very good book and it gives a step-by-step account with many simple diagrams.

H. I. Ismail.

"Lung Function Tests—an introduction" by B. H. Bass. Pp. 98. Illustrated. Price £3.00. Published by H. K. Lewis & Co. Ltd.

This small popular book has reached its fourth edition and I am surprised. When it first came out it met a real need to provide practising physicians with an introduction to lung function tests but more importantly told them why these tests are useful. Since that first edition in 1959 undergraduate students have increasingly been taught about lung function tests and this has continued into their post graduate years and I am surprised that there is still a need for this book which remains only suitable, in my opinion, for the really ignorant clinician who has little or no knowledge of lung function.

The book itself is rather dated. Maximum voluntary ventilation (MVV). two stage vital capacity and bronchospirometry, for example, are no longer performed in many centres and the section on alveolar-capillary block should be further demoted and put in perspective when considering causes of arterial hypoxaemia. The latest edition does however include newer and more

fashionable tests such as measurement of closing volume but does not examine other tests of small airway function in much detail. Flow volume curves should receive a mention in this context and exercise testing is another important omission.

Although the style as well as content is rather dated the book is easy to read and is concise. The illustrations are large but go for simplicity rather than clarity and many contain very little useful information.

This latest edition provides me with a salutary reminder that many clinicians must still exist, and may still be qualifying, with scant knowledge and appreciation of the place of lung function tests. If this book jolts them into further thought about this facet of respiratory medicine it will serve a useful purpose but I hope students at Guy's find it redundant.

T. J. H. Clark.

"Basic Clinical Bacteriology" by J. D. Jarvis. Pp. 158. Illustrated. Price £1.95. Published by Butterworths.

This little book gives a refreshing account of the practice of clinical bacteriology as seen through the eyes of an experienced technologist whose interest in the subject obviously extends well beyond the mere handling of specimens at the laboratory bench. The object of the book is not to give text-book descriptions of microorganisms, but rather to present a rational approach to the examination of clinical specimens in a manner which is most likely to achieve meaningful results.

The book is divided into two parts, the first of which gives much common-sense advice on the collection and processing of specimens. In the second part the author explains and discusses all the commonly used bacteriological techniques in a style which is informal and easy to read, and which is in marked contrast with that of the more standard laboratory manuals. Occasional inaccuracies and ambiguities are present, but perhaps this is not surprising in a volume which packs so much information into so small a space.

This is not, in the reviewer's opinion, a suitable text for medical students, whose approach to the study of microbiology must of necessity be more formal and less technical. To those whose chosen career has led them into a diagnostic microbiology department, however, it should prove to be a valuable introduction to the technical aspects of the subject.

A. L. Jeanes.

"Power and Dissent in the Medical School" by Samuel W. Bloom. Price £1.50. Published by Free Press.

This book is the result of three years of observations, interviews and a questionnaire of the State University of New York Downstate Medical Centre initiated by the administration because they felt that the medical students were so excessively "tense" that the educational programme was threatened.

It describes the social and educational setting of a medical school in the early 1960's. The basic hypothesis of the author was that the staff had an essentially academic and humanitarian attitude towards what they considered medical education should be, whereas the students felt that the role of the medical school should be primarily practical.

The author examines these differences and from his research postulates several causal factors. He does not stop there though, but goes on to suggest some broad conclusions and recommendations for change. It is not the details of research methodology or findings which justify its publication now, it is more a lesson to be learned about the application of scientific research to teaching programmes—how does one translate new facts, new principles, new guidelines that are at odds with currently held values, into current behaviour.

For those who can bear with the style of language typical of American research, this book highlights and clarifies many of the problems of medical education and its administrative structure at Guy's today.

Tim Goulder.

"The Physiology of the Joints. Volume 3. The Trunk and the Vertebral Column". I. A. Kapandji. (2nd edition). Pp. 251. Illustrated. Price £4.00. Published by Churchill-Livingstone, Edinburgh.

After I read the first two volumes of this highly original work I looked forward to reading the volume which is being reviewed. I was not disappointed. All three volumes are written in the form of one page of explanatory text facing a page of black and white drawings and diagrams, all of which are the work of the author, and it is a fascinating study to read the text and refer it to the diagrams. Anyone who is interested in the movements which take place at different joints and in many complex movements, such as those involved in respiration, will find something of interest in the author's ideas. One would particularly recommend the early part on the intervertebral disc and the section on respiratory movements although the latter is certainly not correct in its reference to electromyographic studies of the intercostal muscles (p. 144).

Professors I. McColl (Surgery) and P. L. Williams (Anatomy) would be a little surprised at the statements on p. 110 about the activity of the muscles on the back of the trunk and lower limb during standing at rest and flexion of the trunk. Both these colleagues separately published papers with me on these subjects some years ago and our observations were certainly different from those made in this book. This brings me to a serious criticism of the book. There is no index and the list of references, promised in volume 2, has not been given. One would have the greatest difficulty in finding what the author has to say about the action of, for example, any individual muscle.

Any writer hesitates to comment on minor textual errors but there are just a few too many in this book, and some of them create difficulties for the reader. Perhaps the last shall be first—(C) in the first paragraph on p. 248 should be (S.C.) and "cord" compression should be "spinal nerve" compression (p. 250). Finally a minor criticism of the way in which the diagrams are arranged. The reader should be warned that in all the volumes the expected order of left to right from top to bottom is not followed. However, the slight feeling of annoyance that results from looking at the wrong diagram as compared with the text is rapidly dissipated by this stimulating book.

J. Joseph.

"Introduction to Clinical Examination" by John Macleod, E. B. French and J. F. Munro. Price £1.50. Published by Churchill-Livingstone, Edinburgh.

The authors' aim in producing this little book is to provide a simple introduction to the art of taking a history from, and examining patients. It is intended for junior clerks or dressers at the commencement of their clinical period with the hope that, having mastered the first principles, they will then refer to a more detailed text of examination and diagnosis.

In my opinion the book achieves its aims extremely well. It includes less medical and pathological detail than larger books on the same topic, but at the same time explains the essential points very clearly.

All the systems are covered adequately, and I found the chapter on the central nervous system particularly good as it was easy to follow and yet comprehensive. The book is copiously illustrated with line-drawings that are instructive and complement the text very well. It is a pocket-sized volume that can be read easily in one evening, and is easy to carry and refer to whenever necessary.

As a clinical student of one month's standing I have found it very readable and extremely useful.

Michael Bourne.

NURSING

SHOULD UNIFORMS BE UNIFORM?

The subject of uniform for nurses is one which can be calculated to cause heated arguments both at all levels of the Profession, and also amongst the public at large. The obsession of the English with tradition is nowhere demonstrated more clearly than here.

Many of the uniforms still worn are, of course, only a little different from those of sixty or seventy years ago, and the originals were adapted from those worn by domestic servants, as any viewer of "Upstairs Downstairs" will confirm. It is also true that, nowadays these dresses are extremely impractical, not to mention unhygienic.

Several years ago, as the result of much effort by a working party, a national uniform was designed. Some hospitals have now adopted this but, not surprisingly, there has been great opposition to the idea, particularly as the style is not flattering to many people.

All this leads to one question. What is the purpose of a uniform? Partly, of course, it is a protective garment for the wearer and should, by virtue of the fact that it is worn only at work, protect the patients from any contamination by organisms and dirt from outside the hospital. Since, however, most nurses make a habit of wearing their uniform in buses and on the underground trains, not to mention cycling around the town, this last purpose proves to be a little fallacious.

In addition to this, uniform is also a means of identifying staff, and should provide the patients with an easy method of defining seniority, and there's the rub, since that is virtually impossible.

Most hospitals have a system of recognising promotion by subtle changes in the uniform. Thus, for student nurses there are three varieties alone. Staff nurses and sisters also wear different styles, but of course there is more than one type of staff nurse. Therefore the patients have to distinguish between something like a dozen different designs, when such people as nursery nurses and auxiliaries are considered.

One would imagine that the problem of evolving a less complicated system would not prove to be insurmountable, but doubtless in true British insular fashion, the nursing profession will confound all those who do not belong, and even many who do, in order to retain their individuality.

It is to be hoped that one day recognition of different grades will not require the mental gymnastics that it does now, and that practical and attractive uniforms will be designed. In the meantime confusion will continue to be the order of the day. It does, however, seem a little ridiculous that some hospitals are prepared to pay £25 per dress in order to have some of their staff individually measured for garments which are ill fitting and unattractive, when it is quite possible to purchase for under £10 a perfectly acceptable dress from a shop. In a time of economic stress this would appear to represent gross mis-spending and irresponsibility in the use of public money, by these authorities, and surely it is time that some serious thought was given to this.

CORRESPONDENCE

Medical Journalism

SIR,—In the January edition you quite rightfully provided us with some criteria for an acceptable standard of medical journalism. Unfortunately however, much of the correspondence relies upon inconsistencies and dubious techniques for its impact. I shall illustrate my point with examples from the previous two editions.

1. The ad hominem: This technique indirectly seeks to invalidate someone's assertions by affronting his personal or intellectual status. It does not tackle those assertions. Consider Oswald B. Balean's December article where referring to Professor Watson he declares (l.19), "I refuse to admit his use of the royal We." Again in January, G. Howard Kyan said of Kenneth Parsons (l.2) " . . . clearly politics should be his mêtier he will prosper far better in the heady reaches of Westminster, preferably as a delegate for the One Party State. . . . "

2. Rhetorical questions: These differ from interrogative ones as they do not inquire but provide their authors' pre-supposed answers and so attempt to persuade and cajole. Bias is therefore implicit. Rhetorical questions provide a convenient prop for any argument irrespective of its merits. Keith Kemp (January 1.26) writes," Does Mr. Parsons think that there is a one-tier system in Russia?" In the same edition Andrew L. Gunn says (l.6), "Does Mr. Parsons really think that political and personal influence (called 'social priority') will not continue to expedite admissions if pay beds are abolished?"

3. Unsubstantiated statements: This technique renders the reasons for an assertion impregnable by denying access to them. Without presenting any criteria for an enterprise to be scientific Oswald B. Balean (December ll.1-3) summarily dismisses psychiatry as "unscientific", fails to establish that Guy's actually "withstood the intrusion" of psychiatry and further fails to elucidate any of the "good reasons" for which it is supposed to have done so.

4. Muddles : Andrew L. Gunn (January l.12) states, "Medicine and Law are not 'closed shops' they are professions." He continues "The B.M.A. has recently been recognised as a trade union but does not operate a 'closed shop. . . . ' " He includes these points (1.18) as "differences between professions and unions." But this is absurd if B.M.A. personnel are both union and profession members.

The sterile dogma of prejudice can only be avoided by a more careful evaluation of the significance and limitations of arguments.

Yours faithfully,

ADRIAN PINI (*Dental Student*)

c/o East Wing,
Guy's Hospital,
SE1 9RT.

Guy's Hospital Directory

SIR,—I fully concur with Drs. Gain and Duckworth that it is appalling that no new publication of the Guy's Hospital Directory is in the pipeline.

It is the only truly comprehensive international register we have and it is almost six years out of date.

We must revive this splendid publication and if necessary reach into our pockets to ensure its survival.

Yours faithfully,

D. B. WATERS.

53 Broad Street,
Ludlow, Shropshire.

Guy's Hospital Directory

SIR,—Can I please support the appeal by Dr. Gain and Dr. Duckworth that the Guy's Hospital Directory should continue to be published. It is much more than very useful.

Yours faithfully,

RONALD MACKEITH.

35 Bloomfield Terrace,
London, S.W.1.

News in Brief

SIR,—It was very interesting to see the outstanding distinctions achieved by various people recorded in your current issue of the *Gazette*. All but the most recent arrivals will remember Professor Butterfield and the energy with which he worked up the Department of Experimental Medicine here. I am sure many will join with me in congratulating him on this further accolade in his career on being appointed Regius Professor of Physics at Cambridge.

It was a little unfortunate that Dr. Susan Standring's Symington Prize was recorded as a "triannual" award—what a difference an "a" for an "e" can make!

I was very pleased to see the further distinction gained by Peter Mowchenson, remembered in this department where he distinguished himself by gaining a First Class Honours B.Sc.

Yours faithfully,

ROGER WARWICK,

Anatomy Department,
Guy's Hospital Medical School.

Guy's R.F.C.

SIR,—The comment that Guy's R.F.C. are having a poor season is to put the matter mildly indeed. Although disappointing for the conscientious members of the team who train and play regularly, my sympathy is chiefly reserved for the skipper vainly trying, week-by-week, to whip up some dynamism (as e.g. the Cambridge University match of last October). I hope he has derived encouragement lately from the fact that, although the defeats have continued, the margins at least have been improving.

The team would do well to remember that Guy's have their "supporters" throughout the U.K., all of whom were quietly cheered on reading of the defeat of Devonport Services. And the Secretary (or whoever's job it is) should appreciate that, merely because the figures are disappointing, is *no* reason why the name of Guy's should no longer figure in the Rugby Union Playing Records as published in the National Press. This is no service to the cause of Guy's rugby—quite the reverse in fact, conveying the impression of being rather bad losers, which I am certain is not the case.

I look forward to seeing Guildford and the Harlequins split up in the not too distant future. . . .

Yours faithfully,

ALAN STARTE,

153 Hills Road,
Cambridge.

Message from the President

SIR,—I would like to thank my supporters in the election, and hope that they will back me in the future. I, for my part, will try not to disappoint them.

As I see the situation at the moment there is a serious lack of communication at Guy's. Many students, both medics and dentists, have no idea how the Clubs' Union is run. There has been a hard core of energetic individuals running Union affairs, making the vast majority of the student body feel isolated and consequently apathy has taken over. There is a great deal of talent in Guy's that has not been fully exploited and I intend to encourage as much student participation in Union affairs as possible. I am easily accessible, being around Guy's all day and most evenings and I am prepared to listen to any form of CONSTRUCTIVE criticism or new ideas. More student participation is essential. We have no sabbatical officers as yet therefore anyone who is prepared to give us a hand will be more than welcome. Anyone who can type, draw posters, give us external publicity or in fact do anything useful would be very much appreciated.

The Union Council will NOT concern itself mainly with dental issues as some people believe, but aims to work on everybody's behalf.

The general consensus of opinion seems to be against joining the N.U.S. A National Student body is a wonderful idea, but in my opinion the N.U.S. is far too politically orientated, or at least the minority group that run the N.U.S. are. I am more interested in issues close to home than those of Chile and Angola and I think that this is the way that most students feel.

I feel that improving conditions for students is the top-priority. The grants for medical and dental students are a disgrace, particularly in the clinical period. The equipment grants are insufficient and many students are subsidising the N.H.S. out of their own pockets. As our clinical academic year lasts at least 44 weeks we are unable to supplement our grants by working in our holidays. Also the grants for clinical medics and dentists are lower per week of the academic year than is the grant of an average university student. The Health Students Section of the N.U.S. are concerned with this problem, however the N.U.S. negotiating committee are unlikely to work enthusiastically on behalf of a minority of moderately-minded medical and dental students.

I propose that the Union should seek to negotiate with the B.D.S.A. and the student bodies of all the medical and dental schools with the aim of forming a representative committee to tackle the problem of Health Student grants. This is on the agenda of the next Union Council Meeting which will be held on the 12th of February.

Many local issues are also very important. The Spit and the Student Bar are priorities. The Union is striving to improve these facilities and I feel confident that we will achieve a great deal of success in these areas. To do this however we will need the support of the student body—and THAT MEANS YOU!

I hope to publish the aims, problems and successes of the union in later editions of the *Gazette*.

Yours faithfully,

PETER S. WATKINSON,
President of Guy's Hospital Clubs Union.

Guy's Hospital Students Club,
c/o East Wing,
Guy's Hospital, SE1 9RT.

Consultants' "Bogus Principles"

SIR,—It is with growing concern that I view the steady decline in the standard of health care being brought about by the Medical Profession in this country.

At the time of writing the Hospital Consultants and Specialists were about to start a work to contract; General Practitioners were about to boycott selected N.H.S. duties, and Junior Hospital Doctors were threatening precipitative action if their demands for, among other things, a 40-hour working week with extra pay for "on call" emergencies and overtime, were next. The interests of the National Health Service Patient have been, and remain, sadly unrepresented.

Contrary to their attitude during the Nurses' militancy the Consultants claim that their proposed action, including working their contractual 38½ hour week instead of their customary 60 hours, will cause minimal suffering among hospital patients: a claim I find hard to accept. Once again, however, we hear the somewhat unrealistic distinction being made between emergency and "cold" (routine) admissions to hospital.

I believe that the actions being threatened or carried out by members of the medical profession at this time are shameful, callous and frankly unprofessional. The action threatened by the Consultants, moreover, is quite unnecessary. And here, briefly, is why:

The negotiations for a new contract for Consultants have come to what one hopes is only a temporary halt over the issue of "professional independence; or as Mr. T. R. Beatson (President of the Hospital Consultants and Specialists Association), rather euphemistically put it, the right of Consultants to " . . . heal the sick in their spare time". D.M.S.S. proposals include very favourable terms to those Consultants who give their time wholly to the N.H.S., with the reservation that they may not practice medicine "on the side" and thereby risk a conflict of interest. Part-time contracts would still be available but only on less favourable terms. However, it was the Consultants who asked for a change of contract: it is not being forced on them by the Government. There is no time limit and the present contractual arrangements will continue to operate until agreement is reached on a new contract. Additionally, a large minority (38 per cent by the B.M.A.'s own count) prefer to retain the contracts as they now stand, and I agree, except for private patients in the N.H.S. Admittedly the present contract relies rather heavily on goodwill and a sense of duty, but the present contract is more flexible than any of the proposed alternatives on both sides. I do not think that the concept of overtime and overtime payments have any place in the practice of medicine, in that this implies a sense of option rather than a sense of duty in the working of long hours when patient-care demands it.

This time is not the time for militant hysterical action. Right now, in common with the Nation as a whole, the N.H.S. needs the sprit of concilliation and co-operation if it is to survive. No longer must we allow the atmosphere in which ancillary workers strike at the drop of a hat, where Nurses and Ambulancemen choose to forget their responsibility, and where our medical peers, far from being the Guardians of our ethical standards have turned out as perpetrators of our moral decline by standing up for bogus principles and standing up at the wrong time. Patience and restraint are called for in a situation which has developed over almost three decades; it is surely factitious to expect a snap solution to deliver us from the result of 25 years of determined apathy.

Yours sincerely,

KENNETH PARSONS *Dental Student.*

East Wing,
Guy's Hospital.

Team Selection

SIR,—As Captain of the Hockey Club I would like to qualify some of the erroneous comments found in the misleading article on "team selection" in the December edition of the *Gazette*.

I would be first to agree that results this season have been disappointing compared to the glory that we have achieved over the last few seasons. But one cannot expect to have reasonable results if one does not get the support from the players. Only on one occasion this season have we had the eleven players selected at the committee meeting all playing on the day.

Two prime examples this season of poor support from the players show this : (1) players crying off at 1.00 p.m. on match days; (2) using the excuse of being on "take in" not to play on a Saturday when in fact they are not on "take in" at all. Is this the sort of support that will bring about good results?

Sporting activities within the hospital are on a purely voluntary basis, and no-one would wish it otherwise, but if good results are to be obtained then all the clubs must have the 100 per cent support of all the players involved.

I would like to qualify some of the facts mentioned in the last article. We were knocked out of the U.L. Cup by last year's winners who had a virtually unchanged side. The match was drawn at full-time and we only went out on "penalty flicks" and then only on a "sudden death" basis.

In the U.L. six-a-side competition we did get a side to qualify for the quarter-finals and both our "sixes" were beaten by the eventual winners.

Although our results in the Truman League are disappointing I would not call one loss and two draws, I quote, "embarrassing". We still have six games to play in the League and if we get the full support of the players there is no reason why we cannot still get promotion.

To my knowledge the selection committee has not, and I quote, "encouraged many players of all standards to leave the hospital's sports clubs". In fact only one case comes to mind which was caused by a player being dropped from the 1st team.

Finally, the simultaneous posting of two team lists for successive matches is not, I would agree, an ideal situation. However, from an administrative point of view it is far more convenient and only occurs if there is a match on both Wednesday and Saturday of the same week. If both lists were not posted on the Monday, the Saturday list would not be posted until Thursday.

This leaves the secretary the unenviable job of looking round on Friday afternoon for players to fill in the gaps and has led to us fielding teams without a full complement of players.

I hope now that this matter has been put straight that we can all look forward to a happy and successful season in 1975.

Yours faithfully,

MIKE SELLEY.

c/o East Wing, Guy's Hospital.

Dial-a-Disc

SIR,—Every time I pick up a phone on the wards I hear music. Is this a record ?

Yours faithfully,

JONATHAN E. M. FOX,

East Wing,
Guy's Hospital.

SPORT

Sports Commentary

The hopes of a return to a full sports programme have been dashed to a large degree by the weather. The last 1st XI Hockey match was on 7th December, with the exception of the U.L. Cup 1st round against St. Bartholomew's which was played on 2nd February. It is with the Inter-Hospital and Inter-University Competitions that Guy's sport is most involved at present and, in the eyes of some, the assessment of the degree of success of Club and Officials is made largely on their results. The Hockey Club will not shine as in the above mentioned game, they were knocked out by the odd penalty flick in eleven after a full-time score of 1-1. As recorded in a previous Commentary, they lost in the U.H. Cup to the London Hospital on the same basis of penalty flicks after a full-time score of 2-2. In the Junior Cup (2nd XI competition), however, they are doing admirably and are through to the second round after a competent walk-over the Middlesex Hospital who failed to raise a side!! Not so, the 2nd XI soccer—they came unstuck by four goals to one against King's College Hospital, but their Seniors are through to the semi-final after a win against Charing Cross (3-2) in the first round and a walk-over St. Bartholomew's Hospital in the second round. They now meet King's College Hospital or Royal Dental Hospital. The Squash Club is yet to start its assault on the Hospital's Cup but will begin soon against Charing Cross or Royal Free Hospitals. They must have a chance but the depth of St. Thomas's Hospital team could well prove decisive as it did last year. The Rugby 1st XV achieved its first win against Devonport Services by 14-7, a very good time in view of the imminence of the Hospital's Cup. However, St. Mary's proved too strong in the end and they emerged as winners by seven points to nil. The Boat Club is hibernating at the moment, but with the onset of Spring has three hectic weekends in succession with the Reading Head on 8th March, the Kingston Head on 15th March, and the Tideway Head on 22nd March. Finally, they are also planning to run from Brighton Pier to Tower Bridge on 26th April, and although nothing has yet been finalised, this sort of enthusiasm is typical of the attitude of the Boat Club and it would be nice to see this energy in some of the other clubs.

RUGBY

Guy's 1st XV 6 vs. Plymouth Albion 17

11th January, at H.O.P.

A steadily improving performance suggested that a Guy's victory was within the bounds of possibility. Too long accustomed to trudging off the field second best, they chose instead to contain their opponents and failed to raise their game as they could have done. Nevertheless, both sides provided entertaining football and occasional glimpses of excellence.

With a breeze behind them, Plymouth spent long periods in the Guy's half. They were not a particularly speedy team and so the Guy's tackling was flattered but nevertheless effective. The Guy's back-row intelligently tried to run the ball suddenly switching the emphasis from defence to attack. Both Rooke and Loxton were effective in this respect and several times made impressive ground. Very often, sudden breaks, particularly by a forward, were allowed to founder simply because the remainder of the team failed to support. The same lethargy was apparent in the loose, where although the rucks were better than previously, more often than not three forwards tried to perform a role better suited to six or seven.

After maintaining constant pressure, Plymouth scored two tries, so that at half-time Guy's were 8 points down but with the wind behind them, seemed well placed. Without a doubt, the hospital could have won this game if they had managed to surmount the psychological barrier confronted by all

teams which have lost repeatedly. There was some stirring running from the backs and as in the first half they defended well. The forwards struggled a bit, particularly in the scrums where a typical, thick-set West Country front row were a constant source of friction. Despite this they did win a sufficient amount of ball to keep a victory well within grasp. Several moves took play close to or up to the Plymouth line but points just could not be secured until Brazier forced himself over from a well executed ploy behind the scrum. Moore converted, and the hospital settled for a consolation prize. Plymouth scored another goal and a penalty before the final whistle.

Team: J. Harker (Capt.), G. Francis, M. Broughton, P. Emery, A. Portelly, R. Moore, L. Hughes, J. Rooke, P. Loxton, J. Brazier, J. Fitzgerald-Frazer, B. Keevil, C. Howell, T. Gibson, E. Wheelwright. T.G.

Guy's 1st XV 0 vs. Taunton 18

18th January, at Taunton

As so often at this time of year, a heavy water-logged pitch succeeded in limiting the scope of play. Against an inferior side, Guy's slithered in the mud and try as they could, failed to score any points.

In the first-half and while some turf remained, both sides ran the ball as often as possible. A couple of defensive errors by Guy's allowed Taunton to score two easy tries and then the game settled into stalemate. The Guy's pack played well and refused to be intimidated by some skullduggery on the part of the Taunton front row. In particular, the loose play was improved and Guy's won a lot of useful possession from this phase. Unfortunately conditions prevented the backs taking full advantage and frequently play broke down in mid-field. Nearer the end of the game Guy's lost several scoring chances when they virtually encamped on the Taunton line for five minutes and either dropped a vital pass or were pushed into touch.

Encouraging signs, and a much sought for victory cannot be far away.

Team: J. Harker (Capt.), A. Portelly, M. Broughton, P. Emery, G. Francis, R. Moore, L. Hughes, E. Wheelwright, T. Gibson, S. Challacombe, B. Keevil, J. Fitzgerald-Frazer, J. Brazier, J. Rooke, P. Loxton. T.G.

Guy's 1st XV 14 vs. Devonport Services 7

25th January, at H.O.P.

The Services side has a recent record which vies with Guy's so it seemed quite possible that this was a game that the hospital could win. Choosing to play with the strong wind Guy's soon found themselves in an attacking position and for much of the first half maintained their territorial advantage. Devonport embarked on a spoiling game at which they were adept.

Winning a lot of possession from both tight and loose play the Guy's forwards semed poorly co-ordinated so that despite gaining the ball they would either loose it to the marauding Services pack or it would be given simultaneously with a couple of opposition players to Hughes at scrum-half. Having a clear advantage in terms of possession it was frustrating to wait, what seemed an age, for the first try. Swift passing along the line eventually allowed Harker to score in the corner. A remarkable kick by Moore secured the conversion. In the first-half Guy's added to their total when Francis scored. Devonport replied with a penalty goal.

Against the wind in the second-half it was difficult for Guy's to break out of their half. Instead of running there was some foolish kicking which more often than not floated parallel with play. Still winning the major portion of loose ball it seemed a pity that the hospital backs were not more constructive. Inventiveness was hampered by an early injury to West but even so play lacked sparkle. Francis scored a second try after some firm running, but only after the team had been spurred by a Devonport try that followed some very sloppy tackling.

Team: J. Harker (Capt.), G. Francis, S. West, P. Emery, A. Portelly, R. Moore, L. Hughes, P. Loxton, J. Rooke, B. Hagan, B. Keevil, J. Fitzgerald-Frazer, S. Challacombe, T. Gibson, R. Massey. T.G.

Guy's 2nd XV 50 vs. Royal Free 2nd XV 0

25th January, at H.O.P.

Guy's only capitalised on their forward supremacy in the loose during the last quarter when they scored 26 points. Despite losing outside-half Chris McLaughlan in the fourth minute the home side scored more tries in this game than they had throughout the season to date. Initially the forwards refused to feed their backs, but once they did, Guy's went ahead.

Following swift possession from rucks near the visitor's line, first scrum-half Laws then Jackson (converted by Broughton) and then Laws again crossed for tries. Half-time: 14-0.

The strong following wind failed to disrupt the handling in the second-half as Guy's pressed continuously. Broughton snatched a try after Rowe broke from a maul, before the latter scored two more—the first (converted by Broughton) with a drive from a ruck, and the second after quickly taking a penalty from five yards out. Broughton went over again before Finlay pounced on the Free full back's fumble from a cross kick, hacked on, gathered and dived over near the posts (Birtles converted). A half break by Broughton led to Arwyn's try, as the Guy's three-quarters ripped their talented but demoralised opposite numbers apart. From the restart Rowe gathered, made ground to half-way and outside-half and captain Jackson sprinted some forty yards to the right-hand corner before working a scissors with right-wing Watson who strolled around behind the posts unchallenged and well supported. Birtles' conversion brought up the half-century.

Team: M. Broughton, S. Watson, J. Arwyn, P. Birtles, G. Finlay, C. Jackson, R. Laws, E. Wheelwright, C. Howell, C. Sherman, M. Minogue, K. Foote, J. Brazier, P. Rowe.

J.A.

SOCCER

Guy's 2nd XI 4 vs. London III's 0

5th February, at Walthamstow.

Guy's Seconds are coming good—and just in time for the Hospital's League Cup. This lively and hard fought game was more of a walkover for Guy's than the score suggests. The first twenty minutes saw some beautiful cut and thrust football with Gary Brear, a tiger in midfield, and Phil "Mr. Elegant" Hunt sweeping up with his usual panache. The forwards, however, although creating openings well, failed to take advantage of their superiority and missed several good chances. Apathy set in towards half-time leaving a frustrating first-half with a score 0-0.

The second-half started badly for Guy's with London making one or two breaks that might have left them with a goal. Fortunately Guy's gradually won the midfield back and pushed forward again with Tim Miller particularly energetic. This time however, the forwards made fewer mistakes. Paul Keen scored the first goal after a cross from Barrie Price. The second, an elegant solo goal by Jonathan Earnshaw came from a misdirected goal-kick. The third, a blatant penalty was slotted in by Kevin Brame. Although reluctant to take the kick he was pushed to the spot by the captain. Turning to show a large rip in the seat of his shorts to the goalkeeper he scored whilst the latter recovered from the shock. The last goal, a brave diving header, was scored by Barrie Price. Further chances were squandered in the dying moments including one by Jonathan Earnshaw who hit a post with the goalkeeper beaten.

Overall this was an excellent team performance with classy defending, tight, hard-fought midfield play and eventually some nice finishing by the forwards.

Watch Guy's Seconds for the Hospitals' League Cup!

Team: R. Dunn, K. Brame, A. Trembath, P. Hunt (capt.), T. Keay, T. Miller, J. Twomey, G. Brear, P. Keen, J. Earnshaw, B. Price.

J.E.

HOCKEY

Spirochaetes vs. Pagodans

12 January, at H.O.P.

This match never actually was played—it was confirmed on the 10th, cancelled by them on the 11th, but sadly only one of the team (Barrie Price) got the message.

Spirochaetes 0 vs. Pussdogs 5

19th January at H.O.P.

An efficient Pussdogs side destroyed Spirochaetes in the first-half with four goals. An injury to Dave Cole led to his substitution with Ian Phoenix whose overall experience helped Spirochaetes' to a better second-half. The wingers should have kept more to their wings and the insides should have covered back, but for effort the team did very well. Thanks to both teams for a very sociable evening afterwards.

Spirochaetes 2 vs. Old Epsomians 2

26th January at H.O.P.

Ten Old Epsomians spearheaded by Bob Fell and Bob Clark easily matched eleven Spirochaetes. The home side led for most of the game with a good goal by Tim Baylis, but Old Epsomians scored two in five minutes in the second-half. Following a mix-up in the time-keeping, Tim Baylis snatched an equaliser in the last minute. Full credit is due to him and Wes Smith for both having outstanding games as did John Cottingham in goal.

Spirochaetes 0 vs. Madhatters 1

Sunday, 9th February, at H.O.P.

A goal in the second minute was enough to decide this match, though both sides went close to scoring several times. The spirit was, again, tremendous, and the much under-rated Chris Hendy, together with Ian Phoenix, held the key to a creditable all-round performance with some superb work in midfield. The Spirochaetes first win must come soon.

Teams:

vs. Pussdogs: B. Price, A. J. Smith, J. Fewster, A. Kingon, I. Phoenix, D. Cole, C. Hendy, M. Harris, D. Maxted, T. Baylis, D. Greaves, J. Horton.

vs. Old Epsomians: J. Cottingham, J. Fewster, P. Willmer, A. Kingon, C. Hendy, W. Smith, R. Steel, J. Vafidis, T. Baylis, J. Clark, J. Horton.

vs. Madhatters: B. Price, C. Gwinnutt, P. Duckworth, A. Kingon, C. Hendy, D. Greaves, S. Blowers, S. Flint, R. Steel, I. Phoenix, M. Vallis.

Discipline:

1 jug—for not wearing Spirochaetes tie: A. Kingon (vs. Pagodans), A. Smith (vs. Pussdogs).

1 jug—for turning up at half-time: S. Flint (vs. Old Epsomians).

A.M.K.

Past vs. Present

The annual Past vs. Present Hockey match will take place on Sunday, 2nd March, 1975, bully-off 2.30 p.m., preceded by lunch at 'The Old Miller of Mansfield". All who are interested are asked to contact Jeremy Horton, East Wing, Guy's Hospital, SE1 9RT, as soon as possible.

LADIES' HOCKEY

Guy's 1 vs. U.C.H. 2

30th November, at H.O.P.

After so many postponed matches this term, we were all amazed and delighted that the weather and pitch permitted play. There was a late start due to half the team being held up by a hitch on British Rail. An umpire had previously been acquired from the spectators and she did an admirable job.

Both teams began in a confused fashion, not helped by the muddy conditions. The Guy's forward line was on top at first, and narrowly missed several chances but after fifteen minutes we scored the first goal. This seemed to stir the opposition into more energetic play—both physically and verbally. Just before half-time U.C.H. produced an equaliser.

The Guy's team restarted with determination although somewhat exhausted. The play was fairly even with both sides failing to make the best use of their opportunities. The second-half will be remembered by all present for the near cessation of play due to a difference of opinion as to the interpretation of the rules, but despite this or possibly because of it, U.C.H. scored their second goal. In the last few seconds Guy's almost equalised, but unfortunately the ball stuck in the mud, two inches from the goal line, with the entire Guy's team on top of it.

We would like to thank all spectators, umpires and players, and hope they are still in one piece.

Team: A. Manktelow, P. Reynolds,, H. Herbert, H. Ibbetson, J. Sanderson, L. Peacock, G. Trounce, C. Smith, M. McLaren, A. Shinn, S. Wallis. Umpire: C. Cullen.

G.E.T. & C.J.S.

Guy's 9 vs. St. Thomas's 0

15th January, Cobham.

After looking forward to playing in bright sunshine, it clouded over just before bully-off. This did not, however, deter our gallant hockey players who immediately put the pressure on St. Thomas's. Due to an organised defence and well-taken opportunities by the forwards, Guy's were 4-0 up at half-time with two goals disallowed for dangerous play.

The weather in the second-half took a turn for the worse and it started to rain. This, however, seemed to worry St. Thomas's more than Guy's and we gradually increased the score to 8-0. There was talk of finishing the game ten minutes early (suggested by St. Thomas's), but we played to the bitter end, and the final score was 9-0.

Special mention goes to the whole team as it was a very well played match.

Team Anne Manktelow, Helen Herbert, Jenni Block, Caroline Daniel, Julie Sanderson, Mary Cummins, Christine Buckley, Angela Rumble, Catherine Irwin, Jane Graham, Hazel Ibbitson.

C.I.

CRICKET

Winter nets are beginning now and anyone interested who has not received a letter already are asked to contact Rob Jones, Steve Taylor, Sant Khan or myself. The pre-season Cricket Dinner will have been held by the time this issue is published—everyone that the above named could think of was contacted, but at least one person was offended because he had been omitted, so if you want to play, PLEASE get in touch via the East Wing.

Angus Kingon.

CLUBS' UNION ELECTION

Guy's Hospital Clubs' Union Officers for the year 1975-76

Officers

Chairman—Mr. C. H. Kinder
Vice-Chairman—Dr. R. S. Wells
Senior Treasurer—Mr. R. C. Bret Day
Senior Secretary—Dr. T. J. Gibson
President—P. S. Watkinson
Vice-President—Miss C. P. Cavanagh
Junior Secretary—M. C. Selley
Junior Treasurer—T. J. Palmer
Social Secretary—T. D. U. Miller
Bar Secretary—M. W. Harris
Ordinary Member—A. M. Dighe
Pre-Clinical Member (Medical)—Miss W. P. Towell
Pre-Clinical Member (Dental)—F. I. Collier

Union Council

The Union Officers (as above).
Member of the Junior Staff—Mr. S. J. Challacombe.
Secretary of Althletic Clubs' Committee—I. J. Mackenzie (until Oct. 1975).
Secretary of Non-Athletic Clubs' Committee—I. J. Mackenzie (until Oct. 1975).
Secretary of the School—Mr. D. G. Bompas.
Representative of the Student Medical Education Committee—A. I. Hammett (until next S.M.E.C. elections).
Representative of the Dental Society Management Committee—P. Treasure (until Dental Society A.G.M.).

Finance Committee

Senior Treasurer—Mr. R. C. Bret Day
Junior Treasurer—T. J. Palmer
Union Chairman—Mr. C. H. Kinder
President—P. S. Watkinson
Senior Secretary—Dr. T. J. Gibson
School Secretary—Mr. D. C. Bompas
Representative of Athletic Clubs' Committee—M. J. Gleeson
Representative of Non-Athletic Clubs' Committee—
Members elected by Union General Meeting—R. G. T. Glyn-Jones (until Jan. 1976; D. R. Fine (until Jan. 1977).

Entertainments Committee

President—P. S. Watkinson
Social Secretary—T. D. U. Miller
Junior Treasurer—T. J. Palmer
Bar Secretary—M. W. Harris
Member of Council—
Representative of Athletic Clubs' Committee—Miss L. M. Finlay
Representative of Non-Athletic Clubs' Committee—
Members elected by Union General Meeting—R. C. Davies, Miss J. C. Gibbon, A. I. Hammett

Bar Committee

Union Chairman—Mr. C. H. Kinder (Chairman)
Senior Treasurer—Mr. R. C. Bret Day
Senior Secretary—Dr. T. J. Gibson
President—P. S. Watkinson
Junior Treasurer—T. J. Palmer
Bar Secretary—M. W. Harris (Secretary)
Social Secretary—T. D. U. Miller
Secretary of the School—Mr. D. G. Bompas
Member of the Council—
Members elected by Union General Meeting—T. N. Baylis, G. Earnshaw.

Book Exchange Committee

Junior Secretary—M. C. Selley
Junior Treasurer—T. J. Palmer
Members elected by Union General Meeting—Miss S. E. Kitchen, Miss A. Nixon

Athletic Clubs' Committee

Dr. H. C. Burry (Chairman)
I. J. Mackenzie (Secretary)

President—P. S. Watkinson
Senior Secretary—Dr. T. J. Gibson
School Secretary—Mr. D. C. Bompas
Secretary of Blues Committee—M. J. Gleeson
1 representative of each constituent Athletic Club
(N.B.—I. J. Mackenzie represents the Pavy Gymnasium)

Non-Athletic Clubs' Committee

(Chairman)
(Secretary)

President—P. S. Watkinson
Senior Secretary—Dr. T. J. Gibson
1 representative of each constituent Non-Athletic Club

Representatives of the Clubs' Union on :

School Council (Academic Board)—D. R. Fine, A. M. Dighe
Catering Committee—Miss J. M. Bailey, T. M. Baylis, G. Earnshaw, P. S. Watkinson
Hostels Committee—R. W. Bilous, A. M. Dighe

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

GUY'S HOSPITAL

1st March, 1975

House Physicians

Dr. Mann, Dr. Scott, Dr. Clark and Dr. Sowton — Mr. A. J. Cook *3 months*; Mr. C. Sharp *6 months*; Mr. A. C. Chu *6 months*

Dr. Hardwick, Prof. Trounce, Dr. Cameron, Dr. Ogg and Dr. Grahame — Mrs. J. M. A. Haworth *3 months*; Mr. R. F. Massey *6 months*

Dr. Houston, Dr. Knight, Dr. Deuchar, and Dr. Grimble — Mr. M. Momen *3 months*; Mr. P. G. Reasbeck *6 months*

Prof. Lessof, Dr. Joiner, Dr. Burry and Dr. Dowling — Mr. N. J. White *3 months*; Mr. K. D. Dawkins *6 months*

House Surgeons

Mr. Blackburn, Mr. Maynard and Mr. Ellis — Miss A. E. Dick *3 months*; Mr. P. R. Kay *6 months*

Mr. Lawrie, Mr. Beard and Dr. Winter — Mr. H. D. T. O'Donnell *3 months*; Mr. P. T. Townsend *6 months*

Mr. Glover, Mr. O'Flynn and Mr. McArthur — Mr. J. E. M. Fox *3 months*; Mr. J. B. Williamson *6 months*

Prof. McColl, Mr. Rendall and Mr. Bewick — Miss J. M. Krafft *3 months*; Mr. J. P. Prior *6 months*

Gynaecological House Surgeons

Miss P. A. Godfrey *3 months*
Miss E. A. Caffrey *6 months*

Throat and Ear House Surgeons

Mr. B. S. Avery *3 months*
Mr. P. M. Duckworth *6 months*

Orthopaedic House Surgeons

Mr. J. P. Lewis *6 months*
Mr. J. Wynn-Jones *6 months*
Mr. G. M. G. McClure *6 months*

Genito-Urinary House Surgeons

Mr. R. J. Bowering *3 months*
Mr. G. R. Barker *6 months*

S.H.O. to the Renal and Transplant Unit

Mr. W. A. Stubbs *3 months*
Mr. D. Taube *6 months*

Children's House Physicians

Mr. P. J. Loxton *3 months*
Mr. J. N. Disney *6 months*

Casualty Officers

Mr. N. J. Marks
3 months
Mrs. V. Pearson
3 months
Mr. T. K. Day
6 months
Mr. S. R. Zachariah
6 months
Mr. J. R. Arden-Jones
6 months
Mr. R. A. Yoozooph
6 months

Resident Obstetricians

Mr. F. P. Jackson
3 months
Mr. C. H. Zuckerman
1 month
Mr. G. Goodhart
6 months
(commencing 1.4.75)

Neurological House Physician

Mr. W. A. C. McAllister
6 months

Dermatological House Physician

Mr. J. A. Miller
6 months

House Physician in Child Psychiatry

Mr. P. Van Boxel
6 months

House Surgeons to the Thoracic Unit

Mr. J. J. Oram
3 months
Vacant
6 months

S.H.O. to the Department of Psychological Medicine

Mr. S. Leiberman
6 months
Mr. J. Strang
6 months
Mr. T. Barnes
6 months

Resident Anaesthetists

Mr. D. M. Gillman
3 months
Mr. W. H. Konarzewski
6 months
Mr. G. J. Baldock
6 months
Miss A. Okou
6 months

S.H.O. to Nuffield House

Miss S. J. Brown
3 months
Mr. L. C. Liu
6 months

Children's House Physicians at the Evelina Hospital

Miss M. Munir Ahmed
from 1.10.74 to 31.3.75
Miss M. P. McCollum
from 1.12.74 to 31.5.75
Miss M. Eisner
from 1.2.75 to 31.7.75
Mr. P. Ranger
from 1.4.75 to 30.9.75

Casualty Officers at the Evelina Hospital —Part-time

Mrs. M. Victor-Beza
3 months
Mrs. P. M. Rogers
6 months

ST. OLAVE'S HOSPITAL

House Physicians	Miss A. Ouyang *3 months* Mr. K. N. Bullock *6 months*
House Surgeons	Mr. J. G. Ayres *3 months* Mr. A. M. Weindling *6 months*
Gynaecological House Surgeon	Vacant *6 months*
S.H.O. in Psychiatry	Miss A. Early *6 months* Mr. J. Booth *6 months*

NEW CROSS HOSPITAL

House Physician in General Medicine with Geriatrics and Rheumatology	Mrs. J. J. Pascoe *3 months* Mr. R. P. Fitton *3 months* Mr. R. J. Mann *6 months* Mr. R. D. Armstrong *6 months*
Orthopaedic House Surgeon	See under Guy's
S.H.O. to the Rehabilitation Unit	Mrs. M. J. Thomson *6 months*

BECKENHAM HOSPITAL

House Physician	Mr. D. H. O. Lloyd *6 months*
House Surgeon	Mr. P. R. Kettle *6 months*

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Hartley and Dr. Thomson	Mr. N. Odom *6 months*
House Physician to Dr. Mallinson and Dr. Blower for 3 months and Dr. Eliot, Dr. Colover and Dept. Chest Medicine for 3 months	Mr. M. P. Stearns *6 months* Mr. D. J. Brown *6 months*
House Surgeons to Mr. Williams and Mr. Park for 3 months and 3 months with Mr. Stoker and Mr. Candy	Mrs. E. J. E. Stearns *6 months* Mr. P. R. Willicombe *6 months*
House Physician to Dr. Mallinson	Mr. A. W. Ellis *3 months*
House Surgeon to Mr. Williams, Mr. Park, Mr. Stoker and Mr. Candy	Mr. S. C. Callender *3 months*
House Surgeon to Mr. O'Flynn, Mr. Wilson and Mrs. Wengraf	Mr. J. M. Haworth *3 months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases	Miss S. E. Comrie *3 months* Mr. M. T. Knox *6 months*

LEWISHAM HOSPITAL

House Physician to Dr. Price	Mr. G. W. Bergman *3 months*
House Physician to Dr. Roberts	Mr. M. Lim *3 months*
House Physician to Dr. Llewellyn-Smith	Mr. J. G. C. Wright *6 months*
House Surgeon to Mr. Lynn Evans	Mr. G. B. Tobin *3 months*
House Surgeon to Mr. Ivo Smith	Miss D. P. Carter *3 months*
House Surgeon to Mr. Monty	Mr. W. N. Trethowan *3 months*

House Surgeon to Mr. Le Brun	Mr. D. J. Scott *6 months*
House Surgeon to Mr. Cavendish	Miss M. C. Dick *6 months*

ORPINGTON HOSPITAL

House Surgeon to Mr. Wilding and Mr. Lam	Mr. R. S. Armstrong *3 months* Miss S. A. Gallagher *3 months*
House Surgeon to Mr. Walker-Brash and Mr. Ratnesar	Mr. B. G. Whiteside *3 months*
House Surgeon to Mr. Boxall and Miss Austin	Mr. C. C. DeV. Crawshaw *3 months*
House Surgeon to Mr. Walker-Brash, Mr. Glasspool and Dermatology	Mr. L. D. Culliford *6 months*
House Physician to Dr. Southwell and Dr. Williams	Mr. G. E. A. Sparrow *6 months*

PEMBURY HOSPITAL

House Surgeons	Mr. L. I. Sireling *3 months* Mr. S. G. Edmondson *6 months*
House Physicians	Miss F.M.N.Rochford *3 months* Mr. C. M. V. Wright *3 months* Mr. R. C. B. Odgers *6 months*

ST. HELEN'S HOSPITAL—HASTINGS

House Physicians	Mr. J. G. H. Pearson *3 months* Mr. M. J. Wink *6 months*

ST. NICHOLAS HOSPITAL—PLUMSTEAD

House Physician to Dr. Scott	Mr. B. D. Rix *3 months*

PASS LIST

UNIVERSITY OF CAMBRIDGE

Final M.B.

Michaelmas 1974

Part I : Pathology and Pharmacology

R. J. A. Butland	T. J. Meredith
S. J. N. Daniell	Jenny M. Metcalfe*
N. R. Drane	D. J. Nutt
S. K. R. Johnson	R. C. Parker*
T. H. Lee	M. S. Phillips
C. J. D. Maile	S. J. Rose
K. R. Mao	R. N. F. Spence

* Pharmacology only

Part II : Physic, Surgery, Obstetrics and Gynaecology

Elizabeth A. Caffrey	M. Momen*

* Obstetrics and Gynaecology only

UNIVERSITY OF LONDON

Ph.D.

December 1974

E. I. T. Rebello (Nutrition)

Third B.D.S.

November 1974

Anna-K. Korszun
(Honours in Surgery)
Fiona Marsh
(Honours in Pathology and Bacteriology, Surgery and Dental Surgery)

Pass

Frances E. Abels	N. P. Hunt
R. G. Bailey	D. R. Jackson
T. B. Barnes	Munira V. A. Lalani
W. A. V. Beare	P. J. C. McDermott
R. N. W. Clark	D. I. McMillan
A. K. C. Cracknell	D. W. MacPherson
I. S. Dean	J. B. Mahood
E. J. Gavin	M. D. Morris
Judith A. Green	R. A. Newman
J. A. Gregory	Sheila C. Owen
D. S. Harper	M. Pollock
Jill E. Harris	M. L. V. Portelly
P. W. Harvey	Jennifer J. Riches
Rhona E. Hickman	Ann M. Rothman
A. H. K. Hirji	D. F. S. Shaw
P. Hodgkinson	Elizabeth M. Thomas
J. L. Hunt	

Part I

S. I. M. Caley	S. R. Luxton
Margaret L. Croysdill	Anne-S. McGuire
R. N. Edwards	A. C. Portelly
W. H. Harley	M. C. Selley
L. N. I. Kaba	Ayse C. Sivas
O. A. A. Kassam	G. A. Zaki

Part II

Janet E. Allonby	T. S. May
J. V. O. C. A. A. Almeida	Belle S. Mooney Marilyn D. Pascoe
Ruth M. Becker	D. J. Petty
P. Berntsen	R. Poulter
Pauline Booth	J. R. Radford
R. Cording	Caroline Rix
Madeleine L. Crowley	M. C. Selley
R. C. Davies	P. N. Sheppard
Christine A. Elliott	A. J. S. Smith
M. A. Epps	Clare M. Sova
B. S. Everett	B. J. M. Stek
Helle-V. Fulford	C. P. Stuart-Bennett
M. G. Gilhooley	S. D. B. Taylor
Judith M. Girdlestone	P. Treasure
R. Glazebrook	G. P. Unsted
C. D. Grant	J. P. Vlitos
Sandra I. Grant	R. W. Wassell
M. A. Hargreaves	P. S. Watkinson
N. Jaffer	B. J. Westwood
Ceinwen M. Jones	G. Yeates
F. K. Kirkpatrick	C.-W. Yung

Part III

Ruth M. Becker	S. Merali
M. P. Bennetts	Jennifer R. N. Nabarro
C. J. Campbell	R. W. R. Nurse
V. Chia Kok Meng	R. A. Parham
M. J. Cranfield	J. A. Pettifer
E. Fan	R. Rajaravan
Anne P. Gledhill	Anne J. Skipper
F. S. B. Hollinshead	J. R. Stenberg
C. Hopper	J. P. S. Williams
J. D. Ireland	
R. W. Jones	

THE ROYAL COLLEGE OF PATHOLOGISTS

Final M.R.C.Path.

November/December 1974

W. L. Brander	R. M. Ibbotson

BIRTH

RAWLINSON: To John and Sally Rawlinson of Aboyne, Aberdeenshire, a son, Thomas Andrew.

MARRIAGE

The marriage took place on 1st January, 1975, between Donald MacGregor and Elizabeth Kinder, M.C.S.P.

DEATH

FREDERICK JOHN FARMER, L.D.S., on 16th January, 1975.

CHANGES OF ADDRESS

Dr. and Mrs. D. N. Anderson, 66 Tippings Lane, Woodley, Berks. Tel. Reading 695472.

Dr. and Mrs. I. A. Baker, 30 Fairby Road, Lee, London, SE12 8JR. Tel. 01-852 5828.

Dr. and Mrs. Neil K. Barber, 254 King Street East. Kingston, Ontario, Canada.

Frank and Anne Cordingley, Flat 1, 34 Trinity Church Square, London, S.E.1. Tel. 01-403 0941.

John C. Cranfield, 79 Victoria Road, Dartmouth, Devon. Tel. Dartmouth 2821.

Ronald C. Francis, M.B., B.S., M.R.C.O.G., D.T.M. & H., Consultant Obstetrician and Gynaecologist, Queen Elizabeth Hospital, Sheriff Hill, Gateshead, Co. Durham. Tel. 0632/878989.

Mr. and Mrs. T. H. Guerrier, 1 Southampton Road, Romsey, Hants. Tel. Romsey 515763.

Dr. and Mrs. John Jelleyman, 19 Woodley Avenue, Remuera, Auckland 5, New Zealand.

David C. E. Loader, Korngängen S-442 00 Kungälv, Sweden. Te. 0303/15145.

Mr. and Mrs. D. MacGregor (née Kinder), 23 Brightfield Road, London, S.E.12.

R. J. Morgan, B.M., B.Ch., F.R.C.S., 84 Hermitage Court, Snaresbrook, London, E18 2EP. Tel. 01-989 7015.

Caroline and Robert (Bumble) Paul, Old Millwrights, Slip Mill Road, High Street, Hawkhurst, Kent. Tel. Hawkhurst 3464.

Margaret M. E. Trevelyan, S.R.N., S.C.M., R.N.(U.S.A.), 328 Commercial Street, 21, Boston, Mass. 02109, U.S.A. Tel. 617-227-6591.

Dr. John Williams, 43 Dyke Road Avenue, Hove, Sussex, BN3 6OA. Tel. Brighton 555284.

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GUY'S HOSPITAL GAZETTE

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MONTHLY TWENTY-FIVE PENCE VOLUME 89 NUMBER 2243

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

NO TO N.U.S.

We reported in the last edition that, at the Clubs' Union A.G.M. on 31st January, the medical students voted against joining the Health Students' Section of the N.U.S. The dental students belong to the B.D.S.A. and as they had already refused to join the N.U.S. they were excluded from the vote. Since the collapse of the B.M.S.A., the medical students have had no representation at a national level and the proposers of the motion to join the N.U.S. sought to amend this.

It was not until the new year that we realised the B.M.S.A. ship, with its cargo of useful diaries, had sunk. She could have died peacefully had not a handful of conscientiously political students set sail to bring Guy's into the fleet of other colleges and universities ruled by the radical views of the N.U.S. admirals. At an Extraordinary General Meeting, the poll had to be postponed as there was no quorum. However, at the all important A.G.M., the vote took place and fortunately, was well defeated.

The students did not want their grants forcibly negotiated or to join students dictated by a bunch of aggressive and agitating "leaders". Of course, individual membership of the N.U.S., with all its "benefits", is open to everyone and all students can get reduced travel expenses. This vote then, had other implications. It indicated that young Guy's men and women do not blindly follow the sheep (only one other London medical school and one university in the U.K. is *not* affiliated to the N.U.S.) and that they have the courage and commonsense to stand alone and retain their individuality—qualities sadly lacking amongst their contemporaries.

PARLEZ-VOUS ANGLAIS ?

Earlier this month, the General Medical Council announced that foreign doctors who come from overseas to join the National Health Service will have to show that they can read, write, understand and speak English. The new tests, the first of their kind, may start on 1st June. They will also be examined on their medical knowledge and must have had one year of post-graduate medical experience. Besides this, they will also be expected to know colloquialisms like "tummy" and "spend a penny" and also, perhaps, a few Anglo-Saxon four-letter words!

These measures are long overdue and none is more aware of it than the Public. A doctor must be able to understand his patient in order to make a diagnosis and manage the case. It is often difficult enough to extract a useful history when both doctor and patient speak the same language, but the problem is infinitely greater when they do not and this is further complicated by a patient's regional dialect and personal phraseology. Guy's students, for example, should know the meaning of "out of sorts" and "I'm feeling sold out doctor", as not all Bermondsey patients speak the Queen's English, especially when they are ill! Of course, communication is a two-way affair and a few kind-hearted, sympathetic and understanding words from a doctor can greatly relieve and reassure a patient.

About 2,300 foreign doctors a year apply for temporary registration but due to reciprocal arrangements with many Commonwealth countries, particularly India, Pakistan and Bangladesh, an estimated 1,500 doctors a year from these countries will still be able to work in the N.H.S. without taking the new tests. The N.H.S. has become increasingly dependent on overseas doctors over the last few years and over half of the junior hospital doctors are foreigners. Without their support the N.H.S. would certainly crumble completely, and the responsible and necessary posts they fill in the hospitals cannot be overestimated.

The anomaly remains, however, as Commonwealth doctors whose first language is not English, will be exempt from the tests. This is a serious mistake and should be rectified as it is neither consistent nor fair. The results and effects of these tests will not be obvious for some time but hopefully will be appreciated by both the Public and the examinee.

GUY'S DIARY

The following clinical lectures will take place at 1.00 p.m. in the Anatomy Lecture Theatre.

APRIL 1	Tu	Dr. L. STIMMLER. "Metabolic Disorders in the Newborn"
7	M	Dr. R. S. WELLS. "Spot Diagnosis"
8	Tu	Mr. J. L. HAYWARD. "Treatment of Early Breast Cancer"
14	M	Dr. I. HYAMS
15	Tu	Dr. T. J. H. CLARKE. "Death from Asthma"
21	M	Mr. MAX RENDALL
22	Tu	Dr. R. GRAHAME. "Systemic Sclerosis"
24	Th	Professor P. M. HIGGINS. "The Dying Patient"
28	M	Professor J. S. CAMERON
29	Tu	Profesor P. L. POLANI. "Diseases with Chromosome instability and Cancers"

NEWS IN BRIEF

New Sub-Dean for Admissions

We should like to congratulate Professor R. G. Spector on his recent appointment as Sub-Dean for Admissions. Professor Spector succeeds the late Professor G. R. Webster, and we wish him luck and fortitude in this difficult and demanding post.

Get Well soon, Mr. Wallis!

Mr. Arthur Wallis, "anchor-man" of the Medical School Office, is recovering speedily following his operation in Guy's. He left Job Ward on Wednesday, 26th February, and is now enjoying a few weeks' convalescence. On behalf of all Guy's men and women, we should like to wish him a full and speedy recovery.

Mr. Howell Richards

Mr. Howell Richards, L.D.S., D.Orth., is retiring at the end of March from the Department of Dentistry for Children and Orthodontics. Mr. Richards has been at Guy's since 1932 when he came as a student, with the exception of the war years which he spent in the Royal Air Force. We would like to wish Mr. Richards a long and happy retirement.

Consultant Appointment

We are pleased to announce that Mr. Andrew B. Richards, M.B., B.Chir., F.R.C.S. Eng., has been appointed Consultant Ophthalmic Surgeon to the Oxford Area Health Authority, with duties at the Royal Berkshire Hospital, Reading.

Gazette Prizes

We should like to congratulate Miss Helen Cotton on winning the *Gazette* Prize for her essay "My First Term at Guy's" which was published in the January edition (No. 2242).

We also announce another essay competition open to all pre-clinical students. The title is to be decided by the author but should be of relevance to aspects of student life at Guy's. The Prize is "Concise Anatomy" by M. E. Todd and G. M. Wyburn and entries of approximately 500 words should be submitted to the Editor not later than 14th May, 1975.

The Flower Shop

The "Friends of Guy's Hospital" have recently opened a flower shop in Great Maze Pond, run largely by Mrs. Helliwell. The shop is open from 11 a.m. to 4 p.m. during the week. The shop will sell flowers, potted plants, fruit and gifts and, as always, the profits will go towards the provision of extra comforts for the patients of our hospital.

Tower Block

Rumours have been circulating in the Hospital and beyond, concerning the soundness of the concrete in the Tower block. High Alumina Cement (HAC) differs chemically from Ordinary Portland Cement (OPC) in that it undergoes a process known as "conversion", which in certain circumstances can lead to an appreciable loss of strength of the concrete made with it.

As a result of the collapse in 1973 of some school roof beams which contained HAC, the Department of the Environment advised that all buildings containing HAC should be appraised; priority being given to constructions involving individual, isolated roof beams such as those which collapsed. As a lesser priority, cases where HAC concrete beams were used in composite constructions were to be investigated, although to date there are no known reports of any distress to such structures. The Guy's Tower comes into this category.

In the Tower the main floor beams spanning between the central core and the perimeter contain HAC but they are tied structurally into the supporting walls and beams and are connected to a topping layer of concrete, all of which uses OPC. The structure is, therefore, composite in action. A team from the Department of Civil Engineering of the Imperial College of Science and Technology are at present conducting an investigation into the HAC contained in these beams.

These investigations are in no way affecting the completion of the building and the handover to the Hospital, although these are being delayed by the difficulties with the air conditioning system.

The Philpott File

Mr. Trevor Philpott has very kindly agreed to allow the four films made at Guy's and shown on BBC Television last autumn to be shown at Guy's later this month. Any member of the Guy's community who wishes to come and see the films is welcome. The films will be shown in the Anatomy Theatre of the Medical School at 17.30 hours on Tuesday and Wednesday, 25th and 26th March.

Tuesday, 25th March—"The Sisters" and "The Medical Student".

Wednesday, 26th March—"The Young Doctor" and "The Young Consultant".

OBITUARIES

JOHN KING MOORE, M.A., M.B., B.Chir.

John King Moore was born at Seaford on 9th August, 1902. He was educated at Lewes, and later at Cambridge, where he had many eminent contemporaries who remained his life-long friends. He came to Guy's in the early 1920's and qualified in 1927. He was President of the Residents, and there was none more popular than he in his year. A contemporary (G.F.G.) writes, "He came to Guy's from Cambridge in 1925 and in his years as a clinical student became identified with a group of men whose vitality and good nature played a great part in the life of the Hospital. His outlook was already mature; but his spirit was youthful. This rare combination which shone throughout his busy life made him a wonderful companion both in work and play. When there was work to do he got on with the job, but usually he managed to lighten the occasion with some nicely balanced jest.

"He enjoyed good fellowship, and was a life-long member of the '1928 Club', of 'Our Club' and of the 'United Hospitals Club'. When he was a house officer at Guy's he was always ready to form a new dining club whose purpose, however absurd the title, was to have good fun. He was a founder member of the 'Simpson's Obstetric Club' whose members were carefully chosen from men who had been R.O. after 1925. It's purpose was to have a good dinner at Simpson's in the Strand, and in those days it cost four shillings and six pence. Trophies collected during and after the dinner were often to be seen in the College the next day; the backlash came the day after that in the form of a polite letter from the management, enclosing a bill for dilapidations! But thanks to J.K.'s good offices, peace was always restored and the club flourished, although perhaps less boisterously, for many years after he left Guy's."

In 1929 he left Guy's, and joined the partnership of Dr. F. C. Trapnell and Dr. James Rannie in Beckenham, and continued as third partner until Dr. Trapnell's retirement. After this the partnership became unofficial, but continued in great harmony until Dr. Rannie's retirement in 1960. His practice from the first flourished and was extensive. He became everybody's trusted confidant, and everybody's adviser. None were esteemed more highly in the neighbourhood than his partner and himself. A patient (J.N.A.) writes, "Despite his busy professional life it was his habit to attend maior surgical operations on his patients, and his presence in the anaesthetic room to greet the patient, and his subsequent explanation of the surgical procedure gave comfort and reassurance to many."

The present writer first met him in 1956 from the lowly position of registrar at the local hospital. Immediately it was apparent that he was a man of rare personality, great humour, and intense perception. This was combined with a very wide, and a very deep experience of life and medicine, and much advice was imparted in the most polite

and diffident way which has proved of continued value. I saw many cases in consultation with him. He always had the same attitude; "look", he seemed to say, "isn't this interesting. I don't quite understand it, perhaps you do. But isn't it interesting, and isn't it fun?"

He retired earlier than we should have wished, but felt that he had earned some leisure. He leaves his wife, two daughters and a son, all of whom had direct connections with Guy's. His son worked in Beckenham Hospital after qualification and is now in practice in Surrey.

Goodbye J.K., best of doctors, rarest of friends, beloved husband and father. You were a great family doctor, and none shall surpass you.

C.L.J.

Dr. STANLEY PREECE MEACOCK
M.R.C.S., L.R.C.P., L.D.S., R.C.S.

Dr. Stanley Meacock died, aged 76, after working in his garden, on Friday. 3rd January. He was educated at Taunton School and was always grateful for the fine opportunity provided by his masters there. Thereafter he studied medicine and dentistry at University College, Cardiff, and Guy's Hospital, gaining his L.D.S. in 1923, and his medical qualifications a year later.

He came to Coventry to work in the Schools' Dental Service and also in private and hospital practice. He continued to practise there conscientiously and successfully until his retirement seven years ago. Something of his staying power and determination may be gleaned by the fact that although his rooms were hit nine times during the blitz he practised continuously throughout the war; at this stage his flare for improvisation was unique. After practising during the day he worked at night as a firewatcher and undertook the surgical care of the maxillo-facial injuries at the hospital.

He was for many years a part-time honorary teacher in the Birmingham Dental School and in 1948 became Consultant Dental Surgeon to the United Birmingham Hospitals. As a teacher he always endeavoured to impart a personal viewpoint and stimulate an enquiring approach from his students. Always a sound dentist, there was never any difference between what he professed and what he practised. His services in committee work were always in demand and the great support he gave the late Professor A. B. MacGregor was a substantial contribution to the building of the new Dental School in Birmingham. In committee he never had a polished tongue but always stood for absolute integrity and this accomplished much. It was, however, on the personal side of his professional relationship that he achieved so much. Many young aspiring dentists found a kindly encouraging word from him and several more senior and distinguished colleagues going through an upset were substantially helped by his kindness. He was a Christian gentleman of simple faith who behaved naturally with great charity.

Dr. Meacock was always a keen member of the B.M.A. and B.D.A. and in 1964 became an honorary life member. Over all his professional life and even into his retirement he seldom missed a Section, Branch or Annual General Meeting. He always contributed to discussion, often with a pawky comment and that characteristic smile that never bore malice. He was a Past President of the Midland Counties Branch, whom he represented on the Representative Board for many years. He was also a Past President of the Odontological Section of the Birmingham Medical Institute. His interest in both of these Societies was continued into his retirement and many of us will remember with emotion how at the last Midland Counties B.D.A. luncheon, Mr. B. O. M. Morris, quite spontaneously, rose to say a kind word about him and proposed the health of "Stan and Eve" Meacock.

Nor were his interests confined to dentistry; he was a distinguished citizen of Coventry, personally having been largely responsible for the preservation and reconstruction of the Old Grammar School, the oldest building in the city. He was a founder member of the Coventry Round Table and as accountant warden of Holy Trinity, the old Parish Church of Coventry, was largely responsible for the maintenance of its fabric. He was a keen Freemason and characteristically was specially involved in its philanthropy. His interests in sport were wide but he was specially proud of having played rugby for Guy's Hospital at a time when it was one of the leading clubs in the country. For many years he was highly regarded as a referee in club matches. Always a good family man, he is survived by his wife, Eve, and his two daughters, Dr. Hazel Meacock and Mrs. Anne Tyrrell. We extend to them sincere sympathy in their grief. They were always very proud of him, and with good reason.

G. A. Lammine.

EDWIN FRANK DEACON, L.M.S.S.A.

Frank Deacon died on 7th February, 1975, at the age of 79, at Cottingham, Yorkshire. He qualified L.M.S S.A. in 1917 from Guy's Hospital and served with the Royal Navy in the First World War and with the R.A.M.C. in the 1939-45 War, taking part in the evacuation from Dunkirk.

He was the first Medical Officer of Tilworth Grange which opened in the 1920s and carried on the work for the mentally handicapped for many years. He was also on the board of the Charterhouse, Hull. He took an active part in the negotiations which resulted in the formation of the National Health Service and was Vice-Chairman of the Hull (B) Group Hospital Management Committee for twenty years until he retired in 1968.

Perhaps the proudest moment of his life occurred last October when three generations of the Deacon family attended the Guy's Biennial Dinner. He was accompanied by his three sons, Dr. John from Bournemouth, Dr. David and Dr. Roger from Hull and his grand-daughter, Dr. Jane from Bournemouth.

P.M.T.

BRIAN CHARLES MIDDLETON REED, M.R.C.S., L.R.C.P., M.R.C.O.G.

Dr. Brian Reed died on Sunday, 9th February, 1975. He was educated at Epsom College and went to Guy's where he qualified in 1940. He then joined the Royal Navy and attained the rank of Surg. Lt./Commander. He saw active service in many parts, not least hazardous of which were arctic convoys and the bombardment of the Normandy beaches on D-Day. In spite of and during all this excitement he found time to woo, win and marry, in 1941, a charming Sister from the London Hospital, Susie.

The war over, Brian, like many others, was not sure what he should do, so he decided to take a higher qualification in Obstetrics and Gynaecology. This he did by passing the examinations of the Royal College, to become a Member, while holding the post of Registrar at the West Middlesex Hospital.

Shortly after this he was approached by the late Dr. Howe, who had been in partnership with Brian's father and asked if he would join him. After giving the idea due thought, Brian accepted, setting up practice in the Bexhill Road, St. Leonards-on-Sea, where he was working until a few days before he died.

His patients have lost more than a doctor, they have lost a real friend, because Brian, who did not tolerate malingerers kindly, was most conscientious and painstaking if you were ill—nothing was too much trouble for him. He had been brought up in the atmosphere of good General Practice as demonstrated by his father. In fact for 60 years with practically no break St. Leonards has been fortunate enough to have a Dr. Reed.

Outside medicine, Brian enjoyed good books, good company and good food. He was a fine raconteur and after-dinner speaker and was also an active member of the British Medical Association. He was elected to the Hastings Executive Council and Local Medical Committee shortly after he took up practice in the area and he served faithfully on the main and many sub-committees until the reorganisation of the Health Authority. He then continued to serve the New Authority at Lewes for a further year, when poor health forced him to give up. His other outlet was golf, which he played with skill and enthusiasm. While at Guy's, he played for the Hospital for three years, was awarded his Blue in 1937, and captained the Hospital in 1938.

He leaves two daughters and a son and to them and his widow, Susie, we extend our sympathies.

Dr. I. G. B. Drybrough Smith.

Dental Society Dinner

The 69th Annual Dinner of the Guy's Hospital Dental Society was held on Saturday, 1st March 1975, at the Park Lane Hotel, W.1. This year's President, Mr. L. A. Usiskin, and his attractive wife, greeted everyone before dinner. The Society obviously knows how to entertain for there was a special "Guests' Room" for aperitifs where, as one Guy's Consultant remarked, ". . . the price list seems very reasonable!"

The meal was delicious and after toasts proposed to "The Queen and The Royal Family" by the President, Lord Robens rose to propose "Guy's Hospital and Schools". This remarkable gentleman pointed out that inflation is no new phenomenon and quoted Moleskin Joe, "There's a good time a'comin' though we mayn't be here to see it!". He made it clear that the English Nation had contributed greatly to research, new ideas and progress in all branches of science and is still amongst the world leaders due to the excellence of its training and education. He expressed a hope for the continuation and maintenance of these high standards, and believed that the impending move to the Guy's Tower would further endorse that a "Guy's man is the best!"

In response, Dr. Kenneth Maclean referred to the Tower as an "academic centrepoint" and although at present merely adding a "distinctive touch to the London Skyline", it will be functional between six and eight months' time. This period, he added, had always been used by the planners and administrators as the official opening time but at last it seemed realistic as the ventilation problems had been solved. He lamented the "very great loss" of the Board of Governors —"the hot line to the D.H.S.S."—but was very thankful to Lord Robens, who had transferred his enthusiasm from the Hospital to the School. There had been other mitigations resulting from the change and one was that the Dental and Medical Schools now had the same executive committee, "which brings the two closer together".

Mr. Alan Campbell proposed the toast to the Guests and is to be congratulated for mentioning every one. One of the more senior guests was Mr. K. Hooper, O.A., a Dentist from Beckenham, who escaped from a P.O.W. Camp during the First World War only to be recaptured by German trawlermen in the Baltic Sea. It was good to see him at over 80 years of age looking fit and well and thoroughly enjoying himself. Mr. R. Proudler responded for the Guests.

Perhaps the most amusing speech was that given by Prof. Jack Tulley in honour of the President. Prof. Tulley gave away many secrets about Mr. Usiskin including his perpetuating student nickname of Laurie U-Foreskin. He went on, despite the blushes of both the President and his wife, tracing Mr. Usiskin's Russian ancestry. "The River Usiskin is a tributary of the Volga which may explain why he sings 'Yo-oh-Heave-Ho' when extracting teeth!" After other caustic anecdotes, Prof. Tulley sat down to the obvious relief of Mrs. Usiskin, but before replying, the President had to wait some time before the residual laughter had died down.

Mr. Usiskin was not to be outdone. He gave back what he got and related Prof. Tulley's activities "Down Mexico Way" to the delight of the audience. He was greatly impressed by the increase in student responsibilities and their participation on various School committees. He was grateful for the honour of being selected as this year's President and finally thanked all those who had made the whole event so enjoyable. He gave special mention to Mr. Nick Jones, the Hon. Dinner Secretary, for all his labours. The last speaker was Mr. Patrick Treasure, the Society's Hon. Secretary, who gave a brief resumé of the year's activities and thanked his fellow students for their support.

This ended the official part of the evening but the party continued drinking and chatting until the early hours even though for some, the tariff had unfortunately been changed! The Dinner was undoubtedly a resounding success and I am sure all those present are eagerly awaiting the 70th Annual Dinner.

C.E.H.

"BLACK AND SILVER" AND "MR. FOOT"

On Thursday evening, 6th March, the Guy's Hospital Theatre Club performed these two plays in the Ballroom. Both of them were written by Michael Froyn and form two parts of a tetralogy, all dealing with the relationship between man and woman, or more precisely, between man and wife. In the first play, Rudy Bilous and Sarah Wigglesworth played a young married couple who return to the hotel in which they spent their honeymoon, only this time accompanied by their young, rather vociferous baby boy. Although short, the play did get across the message of husband-wife estrangement after the birth of their child, to the extent that they had to consciously try and remember what they used to do before their boy was born.

In "Mr. Foot", Chris Gilford and Charlotte Young played an older married couple, between whom all communication had ceased on any except the most superficial levels; so much so that the wife spent most of the time hollering to the only responsive part of her husband —his left foot!

These were two rather bleak views of marriage but written in a comical vein. Both were directed very ably by Jane Ingram, the usual team of back-room boys provided excellent lights, stage and sound, i.e. Dave Sykes, Geoff Auckland, Bob Hannaford and Ian Hammett respectively. Wine was on sale and a disco, also organised by Ian, rounded off the evening.

R.W.B.

The Dental Review

"SPACE SHIP ENTERGUYS 1974"

Sex, violence, blood, satire, tragedy, comedy, all human life, these were the ingredients of this year's production of the Dental Review. In fact, all the constituents of a good family show. Who can compare with the slinky sex appeal of black stockinged mini-skirted Mrs. J. as played by Pete McDermott (those unbelievable legs!).

The Consultant panel game was compèred by the only person with sufficient standing, knowledge, drive, beauty, brains, brawn (you name it, he's got it), to examine such exalted personalities. I refer, of course, to the genius of the Children's Dept., the supremely elegant Michael "Louis Valentino" Portelly. His slanderous portrayal of one of his "green" juniors is being referred to the eminent solicitors Sue, Grabbit and Runne.

Nick Matthews gave a superb performance, life-like, one might say, as the *long* suffering student in the Cons. Room. Here indeed was true Pathos. A hero battling against the slings and arrows, etc., etc., fashioned by equipment and staff. A boxed up A. Hirji and ginned up B. Jones gave us two more foreigners (the race relations board is looking at this one). The Doctor and sailor, there's a cue for a bad joke if ever, were calculatedly portrayed by those two tartars Hodgkinson and Harker. They really scaled the heights. We have been assured that in this department all pockets are electronically tested.

The Prosthetic Dept. was a real space filler and made a deep impression on me. Some of the comments were really biting and while the humour was sometimes trying, the finish was superb. It certainly eased gently into the next sketch.

I have made no mention so far of the central character, Mr. Block as portrayed by Tony Mellor. I had never appreciated his computer brain and logic. It's amazing how one can hide one's light under a bushel. He was quite big in the part, big hearted that is. As long as he keeps on with the headgear he should be all right. I haven't named other members of the cast because I've just looked at the list and as I am limited by space, I can only mention that there were thousands!

Seriously, though, it never ceases to amaze me that these students, who were involved in at least one exam, could find the energy, not to mention the time, to write and perform the annual review. I do not know just how much experience they have of producing stage shows, but they certainly made a great job of it. Long may they continue.

Scripting and Production was by S. Twiggs, M. Freiberger and H. Thomas.

R. Quealy.

MOSCOW AND BAKU

On 17th February, 1975, I had the good fortune to visit the USSR as part of an NUS delegation whose purpose was to promote understanding and friendship between the students of the two countries. We were guests of the Student Council of the Soviet Union—their equivalent to our NUS.

We visited schools and colleges and talked to students and teachers. Frank and friendly discussions also took place with the Government minister responsible for Youth, the Secretary of the Supreme Soviet of Azebaijan in Baku and with the executive of the Student Council (SCSU) on topics such as international policy of the NUS and SCSU, and the role of women in the USSR. We also exchanged views on the Soviet approach to the problem of dissidents.

My part in the delegation concerned ULU affairs and I met two members of the Student Council of Moscow State University and our talks centred around the possibility of twinning Moscow and ULU. Moscow are keen to establish links with western universities and already have regular exchanges with the Sorbonne and some Finnish universities. Together, we issued a joint communiqué expressing a mutual desire for further friendship and co-operation between our two universities and that this should take the form of political, cultural and sporting exchanges.

In Baku, I visited a G-U Hospital where I discussed with the doctors the discrimination that exists against women in medicine in the UK. In the USSR, there is a preponderance of female doctors, mainly due to their present emphasis on paediatrics and social medicine—branches, they claim, better suited to women. I was also shown some enormous kidney stones and was amused to see the medical staff wearing "theatre garb" on the wards and in the clinics.

Two things struck me in particular during my visits to schools and colleges. Firstly the tremendous enthusiasm amongst the students; there is a great desire to learn and an active participation in making visual-aid material. Secondly, I thought the science teaching equipment was remarkably primitive and 17-year-old students had apparatus more suited to our primary schools.

The kindness and generosity of the Student Council was overwhelming and I was able to dispel some of my private fears about Communism and all of those much publicised myths about Soviet bath plugs, chewing gum and biros! It is my firm belief the détente is worth working for and that the best way of achieving this is by personal visits to the USSR. The Russians, in my opinion, are not ogres, but very generous and thoroughly nice people.

Charlotte Cavanagh, B.Sc.,

President, U.L.U. Sports' Council,
Vice-President, G.H. Clubs' Union

WHY IS MY FACE IN THE MIRROR REVERSED FROM RIGHT TO LEFT BUT NOT FROM TOP TO BOTTOM?

Duncan Macdiarmid, M.A., M.B., B.Chir.

Introduction

My Chief was defeated by this question from his young son, and passed it on to the assembled intellect of the firm. They all failed to understand my explanation, and so I am driven to seek validation, as you see, by publication in a reputable journal.

Think about it for a moment, if you do not already know the answer, and feel out the shape of the problem. *Keep calm.* My colleague, Dr. Strang, who has struggled in vain with it since it insinuated itself satanically into his otherwise happy childhood, tells me that fierce and bitter passions are released by its public consideration and discussion.

Mirror Images

Seriously, I think the difficulty we feel with this question illustrates most elegantly a grave habitual fault in our thinking, a historically conditioned bias, which has quite often been pointed out but goes relentlessly on. The answer to the question must be a commonplace to the appropriate experts, and it is significant that to us ordinary highly educated folks it is not. I shall explain what I mean later. First, the answer: the first part of my explanation is, that the reason why faces in a mirror never look quite like the person, and the reason why the man in the mirror has his hair parted on the right, instead of on the left like you, is because the mirror image is *not* reversed from left to right. I shall demonstrate this in three ways:

1. This classical diagram can be taken either as a plan, or as an elevation. Either way there is no reversal of the image. (Figure 1)

2. Lie on your side in front of the mirror. There is still no reversal from above to below, but that is now the same dimension as from left to right.

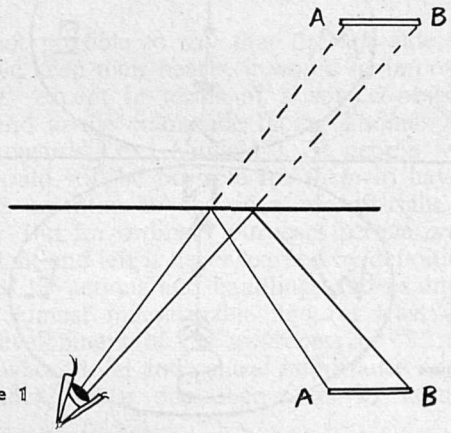

Figure 1

3. Put a compass down. Stand at West and put a mirror behind it. You now see : (Figure 2)

North in the mirror is the same as North in reality, and the same for South. But, aha, East in the mirror is West in reality and vice versa. The dimension in which reversal occurs is that at right angles to the surface of the mirror. Confirm how this works by studying also Figure 3.

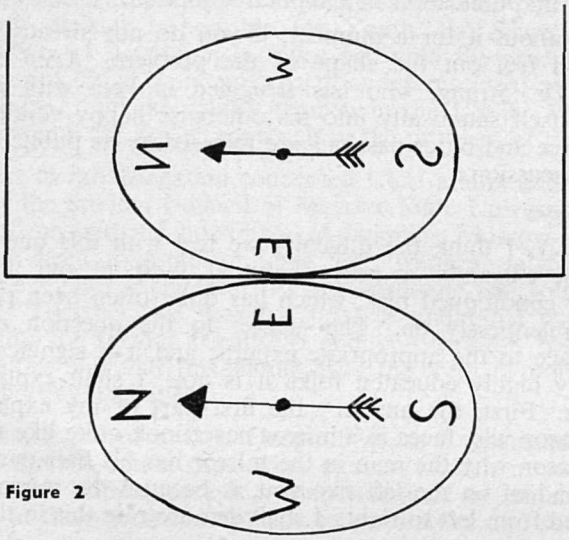

Figure 2

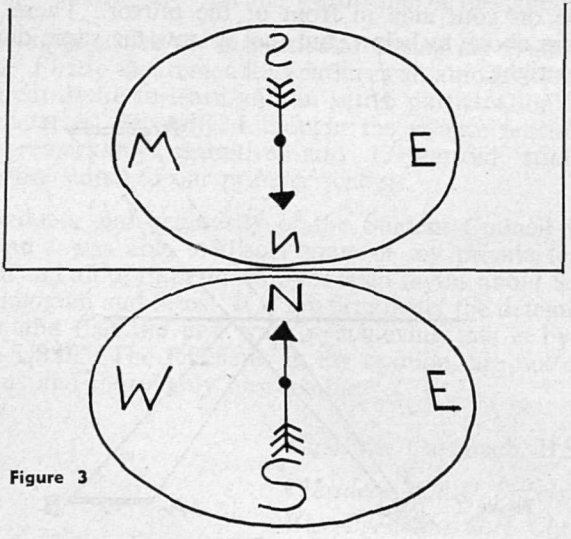

Figure 3

"Relative" Image Reversal

So what you see when you look at yourself in the mirror is your own front surface that you present to the mirror, flipped inside out towards you in the direction that might be represented by an imaginary string joining your nose to the nose of your reflection. Thus left and right are not reversed in the mirror image, but are reversed *relatively* to the direction the man in the mirror is looking, which is opposite to the way you are looking. That leads to the second part of my explanation, which is that the notion right/left can derive only from an observing subject, and can have no place in reality imagined as existing without an observer. Let me make that more vivid. You are at a party and facing you is a psychiatrist with his back to a sideboard. Put a glass of whisky on the *right* hand end of the sideboard. Put another glass of whisky in the psychiatrist's *right* hand. Stand back and view this happy scene. You have put the two glasses on opposite sides of the picture. Naturally, because only a *person* can have a left and a right (and by extension or imputation, other living creatures that are bilaterally symmetrical). *Things* can only have a left or right relative to persons, so the sideboard borrows *your* left and right when you have anything to do with it, while the psychiatrist as a person has his own. Left and right are strictly a property of the observer, the experimenter, the living person and the "I" and become a property of the observed or the "You" by referral from the self in the case of objects, and by empathy or projective identification in the case of other people.

Experiment and Logic

As so often, experiment and logic lead one back to a deeper appreciation of what one knew all along—in this case, that the monster facing you in the mirror is *not real.* There is no "I" there. He is only a thing, the mocking simulacrum of your own anterior surface reversed sagittally towards you. He has no left and right of his own like the psychiatrist at the party, he can only borrow yours, and this he does with utter slavishness. His hair is parted, like yours, on *your* left, not on his, and his wrist watch, like yours, is on *your* left. His left is on what would be his right if he were an "I", but he is not.

If it were not possible to say that the *left* side is the side on which most people keep their hearts, it would be impossible to define or describe "left" except in terms of a subject-object relationship (e.g., "If you stand in the colonnade facing Thomas Guy, your left side is the one towards Lord Nuffield"). If people were absolutely symmetrical it would still be possible for them to have a left and a right—all that is essential to the idea of left/right is an acting, experiencing "I". But for ordinary purposes people *are* symmetrical, and the idea of right and left is never learned by definition or explanation. It is learned by actions and handlings and example, as part of that miraculous, almost indescribable and (at least as yet) mostly unaccountable development of the awareness of "I" and "You" in early childhood, whose total and central importance one perhaps only realises, with shock, when one encounters its failure in autistic children.

Rats and Scientific Approach

The growth of our culture in recent centuries has included the development of mental habits of simplification and abstraction associated with the *scientific approach.* An educated person usually begins to think about anything nowadays by finding or imagining or constructing a good model that reduces a problem to its simple essentials and isolates it from irrelevant factors. For example, rats can be taken as simple models of people, and can be easily isolated in boxes with only one or two stimuli at a time, so psychologists study rats in order to understand people. (If they wanted to understand *rats*, they would study fish.) It is usually easy to see when one has over-simplified and missed an essential element out of the model —the banished factor is seen to bedevil the situation by its absence, or by its active presence outside the narrowed circle of attention.

The element that one perhaps most conscientiously and habitually excludes is the "I"; it is close to the essence of the scientific approach to try to imagine the thing one is studying as isolated, existing utterly apart from any observing or interfering "I". So one automatically, unconsciously, attacks the mirror problem first leaving out the "I" involved. You hold up a piece of writing to the mirror and see it running backwards, from right to left. Your first feeling (automatically excluding the "I") may be that the mirror has reversed the writing. It has done nothing of the sort. *You* reversed the writing: from the moment you turned the paper with its back to you the writing, on the other side and out of your sight, was running from your right to your left, and the mirror has reflected it faithfully, exactly so. "Mirror writing" is only writing seen as if through the back of the paper.

Conclusion

So simplifying the problem by cutting out the "I" leads to :—

1. forgetting that left/right is a *relative* designation, strictly pertaining to a person and of a completely different order from top/bottom;

2. failing to see that one's thought is bedevilled by an unconscious, perhaps instinctive, imputation of self-hood, with its left/right autonomy, to the Thing that looks at you from the mirror;

3. unconsciousness of the actions of the self in the situation;
—and, if Dr. Strang is right, in the heated arguments this problem awakes it also illustrates

4. a passionate—even murderous in other contexts—need that lurks behind scientific controversy, the need that "You" should see reality in the same way as "I". The reason I had to write this!

BOOK REVIEWS

"Histopathological Stains and their Diagnostic Uses", by J. D. Bancroft and A. Stevens. Pp. 149. Illustrated. Price £4.50. Published by Churchill-Livingstone, Edinburgh.

It is a pleasure to welcome this slender volume about the diagnostic value of histopathological techniques. It should provide the busy hospital laboratory with a useful and up-to-date reference book, enabling the pathologist to by-pass the plethora of obsolete methods that are a feature of many standard text books, and to use with confidence the methods that have been selected by experts in the field.

This is much more than a recipe book, however; its concise, explanatory text outlines the rationale of the histological and histochemical procedures. An understanding of the principles involved in this science is a prerequisite for achieving reliable preparations that can be reported in an informed, critical fashion. The book contains a wealth of practical hints that draw attention to potential hazards and artefacts, an awareness of which can avoid much wasted time and effort.

The methodology is presented clearly and simply with a few well chosen illustrations. Although the text is brief, there are ample references to further reading for those wishing to pursue a particular topic. The sections dealing with biopsies fulfil a particular need, since specimens have been known to arrive at the laboratory with a request for a special "test", only to be deemed unsuitable because the correct fixative had not been used. The second author has presumably drawn upon his experiences, as an erstwhile pathologist at Guy's, to produce the excellent chapter on the specialised techniques for renal biopsies, which will be particularly welcome at this hospital.

A novel feature of the book is the attempt to give the methods a clinical relevance, indicating the appropriate techniques to use for the diagnosis of certain pathological conditions. I am sure it will justify the authors' aim—namely to provide a compact handbook to suit and interest both the trainee pathologist and the technologist, and to assist them in preparation for their M.R.C.Path. and H.N.C. histopathology examinations respectively.

Olga B. High.

"Pharmacology" by R. G. Penn. Pp. 328. Illustrated. Price £2.50. Published by Bailliere-Tindall and Cassell Ltd., London.

This book is intended primarily for pre-clinical medical students. The chapters deal with physiological systems and discuss the drugs whose main target sites affect that system. The author has included the doses of many drugs but omitted those of others and this inconsistency is in some ways unnecessary as pre-clinical students are generally not expected to know drug dosage.

The book is to be recommended on several aspects. The introductory chapters on general pharmacology are well dealt with and even include discussions on synergism, tolerance and tachyphylaxis which are often excluded from similar books of this size. Its coverage of dose-response curves and pharmacological variation are comprehensible and aided by five clear graphs. Perhaps the best section of this useful book is that on the autonomic nervous system; 37 pages are devoted to this potentially confusing topic and present it systematically and simply. The endocrine system is adequately considered, with due regard to the underlying physiology, and the long chapters on the central nervous system and chemotherapy present all the main drugs a student should know. However, these latter sections describe the effects of the drugs concerned, with unfortunately, minimal attention to their respective proposed modes of action.

At £2.50 this book is good value. The line diagrams are clear and instructive but woefully too few. The print and general presentation are of a high order and I believe that its straightforward approach would be well appreciated by the apprentice pharmacologist.

C.E.H.

A "Concise Textbook of Radiotherapy" by P. A. Barnes and D. J. Rees. Pp. 384. Price £7.00. Published by Faber & Faber (London).

This small textbook was written primarily for student radiographers and first published in 1972. The authors, a radiotherapist and a physicist, have tried to produce a small volume covering both the basic principles of radiation physics and an outline of the clinical aspects of those benign and malignant disorders most commonly treated by radiotherapy. Unfortunately, in the cause of brevity the accuracy of the details has suffered and there are glaring omissions. Many sections of the book are already out of date.

The radiation physics section is well laid out and the illustrations are clear and simple. My main criticism is that there is no reference to Système International (SI) units or to the derived definitions of "dose" and "exposure". A brief discussion on the theory and potential value of electron beam therapy and fast neutron therapy would be welcome. Fractionation is also dismissed rather too briefly.

In the clinical sections, a few selected tumours such as skin, breast, uterus, lung, bladder, CNS and oesophagus are discussed in detail whilst other conditions are limited to a few paragraphs of clinical and radiotherapeutic notes. Whilst the general division and layout is good, one questions the relevance of paragraphs on Peyronie's disease, benign eye disorders and expensive accounts of thyroid cancer and leukaemia when the combination chemotherapy of the reticuloses is dismissed in a line. Salivary and pituitary tumours are not discussed at all. The section on staging breast cancer (p. 274) is rather confused and inaccurate. There are also other errors. The statement that adrenalectomy for advanced breast cancer is always a surgical procedure (p. 286) is inaccurate viz. the so-called medical adrenalectomy with adrenosuppressive doses of steroids or anti-synthetic drugs such as aminoglutethimide. In spite of lengthy discourse on thyroid cancer, there is no mention of symptoms of hoarseness, (recurrent nerve infiltration), dysphagia or reference to osteo-lytic bone metastases. On page 240, a reference to thyroid carcinoma metastases, being hormone "dependent" and *thus treatable with* ^{131}I, is incorrect. One glaring error on page 359 on the chemotherapy of lymphomas is the reference to the initial use of chlorambucil, in a "short intensive course of *intravenous* drug therapy". In the section on tumours of the oral cavity there is no mention of smoking as a cause of buccal cancer in the list of predisposing factors.

The photographic illustrations are few and some have inadequate annotations. For the price of this book the paper is rather poor quality. I hope the authors will produce a second edition of their book. With careful editing and correcting, together with a major revision of some chapters, this could be a most useful textbook.

David Tong.

"A General Textbook of Nursing", by Evelyn Pearce. 19th Edn. Pp. 800. Price £5.00. Faber and Faber, London.

This book has, by virtue of the fact that it is now in its nineteenth edition, clearly established itself as a standard textbook for nurses.

In recent years, this book has been completely redesigned, and much additional material included. On reading it, one feels that most subjects about which knowledge is required by the modern nurse are included, but one fact appears a little strange. If one publishes a textbook of nursing, it seems unusual to ask doctors to be the authors. Surely nurses should undertake this. Doctors are not renowned for their knowledge of nursing matters, this only perpetuates the idea, that it is not nurses but mini-doctors that we are attempting to train.

On reading the book, there are times when one feels that the student is regarded as being of inferior intelligence by the authors. The terminology being of the type which would be used when addressing a lay readership. Altogether, one can envisage that this book is useful for student nurses, and clearly may find it to be so. It would, however, be an improvement if nurses wrote their own professional books.

Pam Jeffries.

NURSING

THE ART OF INTERVIEWING

To select the "right person" for the "right job" is an exercise which is at best difficult, and at worst, something which can prove to be disastrous. Various methods are routinely employed, the object being to build up as comprehensive an impression of the candidate as is possible. However, one method which is universally used is the interview, since this gives the prospective employer an opportunity to actually see and talk with the person who is making the application.

Interviews can, of course, vary in themselves. Some amount to a brief discussion with only one person, whilst others require that the candidate be subjected to a lengthy period of intense questioning by a panel of "judges" in order to ascertain their suitability for the work involved. Some schools even subject children of only four years of age to three hours' assessment in order to determine their academic ability. In general, however, the principle appears to be that the severity of the interview increases in direct proportion to the degree of responsibility involved in the job.

All this does, of course, appear to be quite logical, but one is sometimes led to wonder whether there is much validity in the method and in the competence of those whose task it is to undertake the selecting.

Many of those who have actually been subjected to the rigours of these interviews come away wondering just what the purpose of many of the questions was. In the case of those applying for senior posts, the interview appears to be a ritual which has to be endured by both the interviewee and interviewer as part of the process, causing much stress to the former and, it seems, searching for suitable questions for the latter.

Interviewing is a skilled art which takes time to acquire. It has to combine the abilities of a detective, in order to obtain relevant information, with those of making people feel at ease when talking with them. Despite crash courses which are designed to teach this, there is inevitably a certain amount of innate ability necessary. Many people do not possess this and hence lack interviewing skill.

Doubtless, the interview will be used as a method of selection for some considerable time since there is nothing which as yet supersedes it. Maybe, however, those involved in the operation thereof would be wise to give serious thought to the way in which it is undertaken.

CORRESPONDENCE

Medical Journalism

SIR,—I couldn't agree more than with Mr. Pini's motive in writing his letter "Medical Journalism". Though he has hit the nail on the head he may have given this thumb a glancing blow in the process.

It is not only sterile dogma which should be guarded against but also inadequate semantics. For instance, only half the definition of the word Faculty is "A teaching at a University" the other half refers to the people who do the teaching which makes it a faculty. "We" implys a "they". The distinction lies in the way the mind is working, so under different circumstances the "they" becomes "we". The division is then artificial. After all, one cannot in truth say that psychiatry is the "Treatment of a genus of day-flying moths" without getting the semantics of the situation muddled.

The object of my letter was not to degenerate the teaching or teachers of psychiatry (though I do criticise the psychology which may go with it). It was to impress upon the minds of would be psychiatrists the acute dangers which lie at the end of the path of the Behaviourist and Kelly's construct theories.

These doctors will be in control of a very delicate and malleable mechanism belonging to anyone judged "sick" by his associates or peers. If you don't conform you are either Criminal (harmful), Lunatic (harmful) or Eccentric (harmless), but the psychiatrist is always "sane"! This is the key to Political Psychiatry, Conformism and Authoritarianism.

It is against great odds that I shall maintain that Psychiatry is, and may always remain an Art, but as yet, anyway, is not a Science (Scientio—"I know").

Yours faithfully,

OSWALD B. BALEAN,

Harcourt,
13 The Ridgeway,
Chatham, Kent, ME4 6PD.

Children's Dental Health

SIR,—"Children's Dental Health in England and Wales 1973" is a report recently published by the Department of Health and Social Security. As the first document of its kind, it is important to the Dental Profession, and has been publicly welcomed as such at a meeting of the Royal College of Surgeons. It is, however, a Social Survey. It is *not* a scientific, professional study from the point of view of Dentistry. I fear very much that it will be taken by many, both within and without the profession, in the latter context.

Dental disease, like road accidents, is ever with us. This tacit assumption, speaking at any rate for myself, needs to be vigorously challenged. More cries of "all hands to the pumps", "more pumps", "more around the pumps we have" will not stop our ship from settling deeper in the ocean of disease.

In a Student community such as Guy's this Report deserves thorough and constructive criticism, not least on its statistical construction and presentation.

Yours faithfully,

G. A. FOX, L.D.S., R.C.S. ENG.,

Flat 13,
Carole House,
3/5 Maple Road,
Anerley, London, S.E.20.

Idealistic N.H.S. Delusions

SIR,—So Mr. Parsons believes that " . . . the steady decline in the standard of health care" is being brought about by the Medical Profession, and that we are "shameful, callous and frankly unprofessional" (Correspondence February issue).

You will no doubt have a deluge of letters to shoot Mr. Parsons' presumptuous assertions down in flames. I would merely advise him to obtain his qualification, and work in the N.H.S. for ten years or so. He will then be able to make his comments from practical experience, rather than from idealistic delusions dreamed up in the cloisters of The Dental School.

Yours faithfully,

J. E. ST. PIERRE,

Dental Department,
West Hill Hospital,
Dartford, Kent, DA1 2HF.

South Wales and Monmouthshire Guy's Hospital Society

SIR,—As the four newest Life Members of the South Wales and Monmouthshire Guy's Hospital Society, we should like to take this opportunity of thanking the Society for entertaining us so magnificently on Saturday, 15th February. The privilege of attending the International Match at Cardiff Arms Park this year, together with lunch and dinner in great comfort at the Park Hotel is one we shall never forget. The enthusiasm for and interest in the Hospital shown by the members was very striking indeed and this certainly embodied the motto "Dare quam Accipere" to the letter.

We should like to draw your readers' attention to the fact that next year will see the 25th meeting of the Society, in Cardiff, on Saturday, 6th March, 1976. We are certain that the President, Dr. Glyn Davies, and his Executive Committee, really intend to make this meeting a truly Silver Jubilee affair. From our experience this year it is a foregone conclusion that they will succeed.

Yours faithfully,

GUY BLACKBURN,
DAVID CARNEGIE,
MICHAEL HUTTON,
JOHN M. MCARTHUR.

Guy's Hospital, S.E.1.

Family Planning

SIR,—In these days of increasing demands and decreasing facilities in our health service, I should like to bring to your attention a new and ingenious economy being introduced at Amersham Hospital. A notice outside the Family Planning Clinic exclaims : "FOR FAMILY PLANNING PLEASE USE BACK ENTRANCE".

Yours faithfully,

Dr. A. JAMES.

Wycombe General Hospital,
High Wycombe, Bucks.

Guy's Hospital Directory

SIR,—I would like to add my support to the appeal from my mother, for the continuation of the Directory.

This publication is of infinite value, especially to those practitioners, who like me, live in the far-flung realms of the Midlands, and beyond. It is a very sure way of passing on patients, to other practitioners, by way of a personal letter of introduction.

The economics of producing it, would appear to be far outweighed by the advantages of having it at one's elbow.

Yours faithfully,

MARTIN GAIN,

34 Station Road,
Hinckley, Leicestershire.

Guy's Hospital Directory

SIR,—Several recent correspondents have urged that a new edition of the Directory should be published. The last edition was in 1969 after an interval of eight years, but only 1,200 copies were sold and there is still a considerable stock, which was printed on the basis of indicated sales that never materialised. The net loss on the edition was £2,500, which the School and Hospital shared. The cost of publishing a new edition would be almost double the cost of the last one and it is difficult to see how the loss could be reduced. In the present financial climate the chances of having a new Directory in the foreseeable future are bleak.

Yours faithfully,

J. C. HOUSTON, *Dean.*

REPORT ON THE UNIVERSITY OF LONDON UNION ANNUAL ASSEMBLY OF COUNCILS — 10th MARCH, 1975

Assembly was opened by the President of the Union, Mr. John Carr, who spoke on the democratisation of the electoral systems within U.L.U. A debate then followed on the recommendation in the President's Report, namely that the Students' Representative Council should become the body responsible for electing the President and the Deputy President of the Union. Under this system, delegates to the Sports' Council and Societies' Council would be unable to participate in elections. The recommendations in the report were accepted by 48 votes to 37. The Elections' Committee declared Mr. Trevor Phillips (Imperial College) and Mr. Tom Kay (Chelsea College) duly elected as President and Deputy President of the Union respectively for the session 1975-1976. Both candidates were unopposed.

Charlotte Cavanagh.

SPORT

Sports Commentary

It is tedious to continually moan about the bad weather, but because of it, Hockey has been a "washout". Lack of support has also caused a degree of embarrassment and sadly the spirit of the Club, particularly the 1st XI, seems to be deteriorating though the fault is certainly not that of the officials.

The 1st XV Rugby side achieved another win recently against Old Alleynians, and were it not for the concession of three early tries against Nuneaton there might have been a better result instead of the 6—16 loss. An amusing anecdote arises from the Angels' encounter with Old Alleynians—an "Angel" apparently kicked the head of someone, who was being crushed at the bottom of a loose scrum, either accidentally or otherwise. It is alleged that the referee struck him and warned him not to play in such a violent manner. However, when the muddle of the loose scrum sorted itself out, it was another member of the Angels who scrambled to his feet with a sore head! The penalty awarded to Alleynians cost the Angels the match. Another story through the grapevine tells of a certain referee who has been sending people off the field at the rate of one a game in 3rd XV Rugby matches. The phrase could be coined that people have been sent off "Left, Right and Centre"!

The 1st XI Soccer side bowed out of the U.H. Cup in the semi-final against King's College Hospital by two goals to one. The 2nd XI, however, are unbeaten in the U.H. League Cup and have just one game to win (against Middlesex Hospital) to ensure themselves a place in the final. Already they have beaten St. Mary's 2nd XI by 2—1, Westminster 2nd XI by 3—2 and London 3rd XI by 4—0.

The Squash Club comfortably won their first round Hospitals' Cup Tie 4—0 with one match unplayed against Charing Cross, and the crunch comes against St. Thomas' Hospital imminently. A considerable lead built up in the U.L. Squash League Cup was cut sharply when a very strong University College side beat Guy's 4—0. This puts pressure on the side in their last game against London Business School.

The indoor Cricket nets at Crystal Palace are being greatly enjoyed by all participants and with new talent being discovered, as well as having a longer and nearly complete fixture list, all looks hopeful for the new season which starts on 23rd April. Nobody is counting unhatched chickens, everybody is concentrating on laying the eggs.

RUGBY

Guy's Past 18 vs. Present 13

2nd February, at H.O.P.

This was the third and probably the most successful reunion weekend. The game on Sunday was preceded by a buffet supper on the evening before. More than 100 people attended the supper event where they enjoyed excellent fare and were able to meet new and old friends. The organisation was capably stage-managed by Alastair Cook.

Despite consuming liberal quantities of alcohol on Saturday evening both teams were able to present a more or less sober front the next day. The Present side fielded a prospective cup side while the Past side displayed such an array of experience and talent that the game seemed a worthy rehearsal for the quarter-final of the Hospital's Cup. It certainly proved to be a vastly entertaining match and in the first-quarter at least was played with the vigour and speed associated with cup rugby.

Both packs of forwards seemed solid and well matched. The line-outs were fiercely competitive, and Hagan for the Present side did well to hold his own against Stuart. Neither side had a clear advantage in scrummaging and the front-rows enjoyed a hard tussle. In the loose, the Present forwards

won an adequate amount of possession which they sometimes squandered whereas the Past forwards were more constructive, smuggling the ball and breaking down the blind side or providing a rapid service to Merritt. The Past side were also generally more imaginative at the base of the scrums and rucks where Merritt was given a lot of space to manoeuvre and initiate attacking moves. There were some stirring runs by both sets of backs, and although the Present side had the advantage of playing regularly together, they did not quite possess the flare of their opponents. At half-time the Present side led 13—6. The first try was an excellent example of a well-supported breakaway by the forwards in which Rooke and Hagan played a major role and Portelly scored. Peter Williams scored a try for the Past side after some powerful running and Fitton converted. Portelly gained another try after picking up a loose ball and a lengthy run up the touchline.

In the second-half the pace slowed and experience made the difference. An element of predictability crept into the Present side's pattern of play and they failed to add to their score. A fine try by Stuart was converted by Fitton and narrowed the margin to 13-12. Two penalty goals, again kicked by Fitton, completed the scoring tally and so the present Guy's side were second best. Nevertheless it was a close affair and was clearly enjoyed by those participating. As a preparation for the Hospital's Cup game it was ideal and pointed to a number of fundamental weaknesses. The defeat was not taken as too ominous a sign although it was made more perfectly clear than ever that Guy's would be hard-pressed to secure a win over St. Mary's.

The club is very grateful to Chris Neville who gave his time to organising such an illustrious Past side and to all those players who travelled from afar to make this such a successful event. Steve Challacombe, the ever industrious club secretary, remains the linch-pin in the co-ordination of this now annual match. Long may it continue.

Teams :

Past : R. Fitton, Paul Williams, Peter Williams, A. Cook, P. Swift, M. Danford, D. Merritt, K. Rigg, C. Neville (capt), H. C. Burry, D. Stuart, A. Kingdon, C. Lewis, W. Treadwell, G. Evans.

Present : J. Harker (capt.), G. Francis, P. Emery, G. Owen, A. Portelly, R. Moore, M. Phillips, J. Rooke, L. Hughes, J. Brazier, B. Hagan, P. Loxton, J. Fitzgerald-Frazer, S. Challacombe, T. Gibson, R. Massey.

T.G.

U.H. Cup 2nd Round

Guy's 1st XV 0 vs. S. Mary's 7

6th February, at Walthamstow

On paper at least, Guy's might not have been expected to win. Their lack-lustre performance in the first half of the season compared unfavourably with St. Mary's record which included a number of good wins. Even so, the excitement generated by Cup rugby and the sense of commitment on the day can upset the most studied prediction. Given this and the undoubted improvement in Guy's performance in the past weeks it seemed that the Hospital might confound the pundits. In addition, the Cup squad had been training hard for several weeks under the tutelage of Drs. Ian Baker and Hugh Burry, both to whom the team owes a debt of gratitude.

The game produced some hard tackling, a few thrills but little fluent running. In fact a typical cup game. The opening moments were nearly disastrous for Guy's when the Mary's backs launched a series of well organised attacks which luckily foundered on some desperate tackling or handling errors. From the first scrummage Guy's were clearly in trouble and in successive scrums lost their own ball. Sadly the front row was disrupted when Massey dropped out at the eleventh hour with an injury and Brazier, normally a back row forward, substituted. Now lacking solidity, the Guy's pack were pushed around in the tight, and in the scrums were constantly struggling. In the loose, the forwards worked hard but such is the

enthusiasm of Cup rugby that a majority of rucks end in stalemate and a scrum. In the first-half the run of play was obviously in St. Mary's favour so it reflects considerable credit on the Guy's defence that no score was made until 25 minutes of the game remained. Portelly and Fitton tackled magnificently and of the back row, Hughes was exceptional in his defensive play.

In the second-half, Guy's rallied well and although the forwards were never able to dominate play as they had hoped would be possible, they at least held their own. The St. Mary's backs began to falter since they had tried most of what they knew and committed many errors in doing so. It was at this point that Guy's might have been able to seize the advantage but at the vital moments when scoring chances seemed possible they gained ragged possession or were frustrated by fierce tackling.

St. Mary's took their first points easily when Guy's were penalised at a ruck in front of the posts. Dismayed, but no less determined, Guy's took play into the St. Mary's half but a clearing kick bounced awkwardly for Guy's, and St. Mary's, chasing hard, were able to complete their score with a try.

Guy's continued to fight but St. Mary's were revitalised by their try and hung on to their lead to the end.

It was a disappointment for Guy's, particularly since they struggled in the department they thought reasonably strong. None of the players shirked his task and the team could do no more than its best.

Team: R. Fitton, J. Harker (capt.), A. Portelly, P. Emery, G. Owen, R. Moore, M. Phillips, J. Rooke, L. Hughes. P. Loxton, B. Hagan, J. Fitzgerald-Frazer, S. Challacombe, T. Gibson, J. Brazier.

T.G.

Guy's 1st XV 6 vs. Rosslyn Park 32

19th February, at Rosslyn Park

Guy's could hardly expect to take on the current best club in London and win. Taking a realistic viewpoint the Hospital's tactics were determined by recent results. They chose to play a spoiling and opportunistic game which was helped by some initial good fortune and a laconic Rosslyn Park. Playing under lights and on a tacky pitch, Guy's tackled well and were speedy to the breakdown. This was the major area where they were able to gain some possession because in the set pieces they were less than resolute and were easily out-jumped and out-scrummaged.

With a parity of possession Guy's ran the ball at every opportunity. Owen's experience at outside-half made a lot of difference. Much of his tactical kicking and his shrewd switches of direction in attack ensured that Guy's maintained some hold on the match. At half-time the score was 11-3 and it must be said that Guy's up to that time had provided some attractive rugby.

After the break, confidence soared briefly and yet insufficiently to prevent a succession of tries that must have been scored in the space of fifteen minutes. Similar periods in which less taxing opposition has scored most of its points have typified many games this season. Guy's simply cannot afford such transient lapses of concentration, purpose or whatever it is that allows the other side to amass points while the Hospital team collects its thoughts.

Anyway, despite the score it was an enjoyable game. Guy's only points came from two penalty goals kicked by Hughes. With a little more finesse they might have added at least two tries to that total.

Team: J. Harker (capt.), J. Fitzgerald-Frazer, A. Portelly, A. Cooke, P. Emery, G. Owen, R. Laws, J. Rooke, P. Loxton, L. Hughes, B. Hagan, B. Keevil, T. Hutchinson, T. Gibson, S. Challacombe.

T.G.

Guy's 1st XV 14 vs. Old Alleynians 3

1st March, at H.O.P.

A fine day and a firm pitch provided excellent conditions for open rugby. Unfortunately neither side quite matched the setting, and taken as a whole, the game was a pedestrian affair. Guy's began without much purpose and although they won a lot of line-out possession is was largely squandered. Several dropped passes spoiled scoring chances and Alleynians were quick to seize on any loose ball. Happily, they too were less than decisive in attack and after maintaining pressure near the Guy's line for one long stretch they failed to score. At half-time the Old Boys led by a penalty goal to nil.

The second half proved a more rewarding time for Guy's and after their first try, enthusiasm soared. In attempting to clear with a fly kick, Alleynians presented Harker with a gift as the ball dropped into his hands only yards from the line and while he was in full flight. Alleynian's morale visibly disintegrated and they never looked like scoring again after this point.

There were some good individual performances by Guy's players, notably Hagan who was always in the thick of things and the most constructive forward on the field. Portelly ran well to score two tries, one of which followed the best move of the game. From a heel against the head, Laws broke down the blind side and swift passing to the wing gave Portelly his chance. Fitton converted one try from a difficult angle and narowly missed with his other attempts.

Guy's were unlucky not to be awarded one more try when Portelly crossed the line but somehow managed to demolish a corner flag. Other moves were thwarted by firm tackling or unimaginative running which took play into touch.

Even though the football was largely uninspired, the result was pleasing enough to give Guy's some relish for the few games remaining this season.

T.G.

Team : M. Broughton, J. Harker (capt.), R. Fitton, S. West, A. Portelly, R. Moore, R. Laws, B. Hagan, L. Huges, P. Loxton, B. Keevil, J. Fitzgerald-Frazer, S. Challacombe, T. Gibson, E. Wheelwright.

Guy's 1st XV 6 vs. Nuneaton 16

8th March, at H.O.P.

In muddy conditions and with a continuous downfall of rain, both sides attempted some adventurous if inappropriate rugby. There was little to choose between the sides in the loose and so it was surprising that Nuneaton scored a try in the opening moments and added another two before the game was 15 minutes old. Guy's defensive play during this period was sadly awry and twice managed to create inviting gaps that appeared half a mile wide. It was a problem that was a consistent feature of earlier games this season but happily, on this occasion, closer marking and firmer tackling improved the situation but only after Guy's were faced with the hopeless task of a 12 point deficit. Moore kicked a handsome drop goal so that at half-time the score was 12—3.

The second half was more encouraging for the Hospital, who made better tactical use of the conditions by kicking through and chasing the ball. Territorially they had the advantage for most of this half and were unlucky not to score. The heavier Nuneaton pack pushed the Guy's forwards at will in the tight, so Laws had a difficult task in clearing the ball from the scrums. In the circumstances he did well and none tackled more resolutely. Moore produced some fine clearing kicks and otherwise made good use of the slippery ball. Neither centre was given much room to manoeuvre but Emery several times made useful breaks by switching direction or dribbling the ball with some skill.

The pack produced a generally sound performance excepting their repeatedly backward slither in the scrums. They were faster to the break-down than their opponents and so in the rucks were able to compensate for their lack of weight, and it was here that Guy's were able to win their most useful possession. However, the only other try in the match followed a rush by the Nuneaton forwards that gathered momentum on the 25-yard line and ploughed through the scattered Hospital pack. Fitton kicked a penalty for Guy's and made the final score a bit more respectable.

Team : R. Fitton, J. Harker, S. West, P. Emery, A. Portelly, R. Moore, R. Laws, B. Hagan, L. Hughes, P. Loxton, B. Keevil, J. Fitzgerald Frazer, J. Rooke, T. Gibson, T. Hutchinson.

T.G.

U.H. Junior Cup 2nd Round

Guy's 2nd XV 10 vs. St. Mary's Hospital 2nd XV 15

19th February, at H.O.P.

Shoddy tackling over a five-minute period early on, allowed Mary's to score a vital goal and establish some confidence. Lax refereeing allowed Mary's forwards to "sea-gull" continually, and consequently Guy's slipped to a surprising defeat.

Mary's took the lead in the 12th minute with a simple penalty after Danford had missed twice with long-range penalty kicks for Guy's. Five minutes later, the Mary's left wing broke through to put Sidery over in the corner for a converted try. Soon, West passed to Campbell to score near the corner. St. Mary's then scored when West just failed to find touch with a clearance. The Mary's left wing hoisted a "Garry-Owen", Guy's gained possession from the loose but Danford's kick was charged down by the wing who gathered and dived over for a converted try, 4—15. Danford and West both missed long-range penalty attempts before the former landed a well-struck penalty from 30 yards. Half-time : 7—15.

In the second period, the refereeing went from plain slack to incredible as Mary's forwards harassed the Guy's half-back pair from offside positions. Consequently, Guy's only had a 20-yard Danford penalty to show for their forwards' superiority. Steve West was cheated of the space and possession that a strict referee would have ensured him. Stand-off Danford was reduced to kicking what should have been movable ball. Steve Thomas dislocated his shoulder midway through the half but insisted on continuing.

Team : Broughton; Francis, Jackson (capt.), West, Campbell, Danford, Burrell; Wheelwright, Howell, Massey; Foote, Thomas; Holden, Minogue, Rooke.

J.Ar.

Angels 22 vs. Old Citizens 4

22nd February, at Grove Park.

After an unbeaten run of four cancelled matches, it was a confident Angels that arrived, loins suitably girded at the "Grapes", only to be met by the news that a certain player had been lured away to play for the 1st XV. A hastily convened committee thus decided that Andrew Martin Campbell should be dropped from the team and runners were sent forth to obtain a replacement. Thus, twenty minutes later, having torn Chris Potter from the Squash courts, a once more complete team set off for Grove Park.

The Angels kicked off into the teeth of a breeze and swept into the attack. After the first few hesitant minutes, Chris Jackson, adapting well to the higher sphere of rugby, tackled his opposite number (a gentleman of small stature) so ferociously that the youth retired sobbing to the wing, only to be met by Dave Entwistle who bullied him heartlessly throughout the rest of the game. A great deal of ball was won from the scrums thanks to the fact that we had three terrifying hookers, Charlie Lacey, Chris P. and The Bunyard. In fact even the odd line-out was won thanks to Keith's Foote who actually liked jumping, but despite this, and the odd kick at goal, the first half remained scoreless.

The second half started with the Angels determined to force a quick try. This they achieved by giving the ball straight to the opposition's fly-half, who immediately ran the length of the pitch to score. Having decided to revenge this by making the opposition look ridiculous, the Angels let Nigel Womack score in the corner. This was duly converted by J. T. After this score the Angels ran riot, and Roger and Paul "the flying pig" Downie, the half-backs, and John and Chris in the centre, were wonderful to behold; thus soon J. T. could be seen scoring with a very impressive swallow dive under the posts. He converted and was sick! Happily, he recovered to initiate a lovely move which resulted in Tim Walker and John McCarthy (with typical unselfishness) sending Jim Mahood over for a try. Dave Glen scornfully converted, while Chris Jackson had a rather embarrassing experience. Ten minutes from the end Duncan Evans skipped over for another try. Dave missed the conversion, but wasn't really trying.

Paul Downie was now determined to score and weaved masterfully through the entire opposition, until after a run of about forty yards, he slipped and slid arrogantly past their full-back on his bottom to the admiring cheers of both teams. After that the referee could do nought but finish the match!

Team : Dave Glen; Duncan Evans, John Twomey, Chris Jackson, Dave Entwistle; Paul Downie, Rog Haw; Jim Mahood, John McCarthy, Keith Foote, Nigel Womack, Tim Walker, Chris Potter, Martin Bunyard, Charlie Lacey.

J.McC.

SOCCER

Guy's 2nd XI 3 vs. Bart's 2nd XI 2

19th February, at H.O.P.

This epic, frustrating and at times even farcical confrontation, was set in motion by referee for the day, S. Perkins, Esq., C.R. Bart's, playing uphill, seized an early opportunity, testing the Guy's keeper with a "Gary Owen" that dipped viciously through the intense spring sun but into the safe hands of "J.P." R. Dunn. At this stage in the game Guy's attack was promising but lacked finish and a strong back-four had the defence well sealed.

However, twenty minutes or so into the match disaster struck the intrepid Guy's men—their midfield pair were not winning enough ball in the centre of the park, thus overstretching the defence and an unmarked Bart's player seized his chance to put the visitors one up when a through ball split the home defence. Up front the Guy's forwards were not taking their chances at all and wasting what ball they got. When it seemed that things were improving in that area of play, Bart's broke through again. Phil "Elegant" Hunt desperately lunged at the ball as the Bart's man passed him, but this "back pass" fell well short of the advancing Guy's keeper whose artistic rendering of "the Dance of the Seven Veils" did not avert the ball's passage into his net. Guy's 0, Bart's 2.

At half-time Guy's were further disheartened when no one could find the oranges—Bart's showed discontent too!

In the second half Trevor Underwood, promoted from the 1st XI for the day, was replaced by Steve Evans, whose tenacious spirit heartened the team and his cracking shot rattled the Bart's woodwork with only a few minutes of the half gone. Guy's pushed everything into attack and Hunt and Kipling were linking well with the forwards. Richard Trembath and Kevin Brame worked hard at the back (Kevin's game has definitely improved since he bought a certain item of sports equipment) but Bart's split the defence with a through ball and were it not for an incredible save from point blank range by the Guy's keeper all would have been lost. Steve Evans' shot cannoned off a defender's backside and past the bemused goalkeeper into the net.

Within ten minutes Guy's had scored again—Dave Kipling's penetrating pass was picked up by Paul Keen who, thinking he was offside, shot half-heartedly and Jon "fluffer" Earnshaw, Guy's non-scoring centre-forward, chased the ball to the goal only to see it cross the line before he could kick it.

And now in the closing stages of this pseudo-friendly match Guy's had started to click: midfield king Tim "razor blades" Miller with his sidekick Nigel "ankles" Oscroft had sewn up the midfield game and now it was Bart's who were desperately defending, and with the "ref" scrutinising his watch Guy's clinched it—if their other goals were lucky this bordered on the ridiculous, though it was deserved.

J. Earnshaw crossed from the right, Dick "hit the bar twice" Sheridan headed the ball magnificently and all the Bart's keeper could do was punch it frantically up in the air. Dick and keeper jumped—goalie punching Dick, while himself falling to the ground (I expect the keeper slipped over!). As the gallivanting Sheridan overbalanced he shot, slicing the ball off his foot under the prostrate goalkeeper's upstretched arms, between the right-back's legs over the other back's foot—and then trickles over the line. And then . . . the final whistle.

The Guy's line-up : R. Dunn, K. Brame, R. Trembath, P. Hunt (capt.), D. Kipling, T. Miller, N. Oscroft, D. Sheridan, J. Earnshaw, T. Underwood. (Sub.: S. Evans).

R.P.D., C.R.

Guy's 1st XI 4 vs. London Hospital 6

26th February, at H.O.P.

Knowing that they were through to the U.H. Cup semi-final, Guy's hoped to use this match as an indicator of maximum performance. An early goal in the first four minutes by Wilson turning on a loose ball, might have seemed fortuitous, as by half-time Guy's were 4-1 down. The London pushed hard and seized easy goals that were given to them by confusion between defence and keeper. The opposition's experience of clubs like Imperial College in the University League was apparent in their faster and more positive play.

Underwood's chiding at half-time corrected insufficiencies in Guy's play for the next half. The use of corners was superb and three goals were netted in this way. Defence moulded itself together to produce strong tackling and two fine saves by Cole. Although Guy's improved in the second-half the London deserved their win.

Team : Cole, Trotter, Kipling, Hunt, Tamblyn, Perkins, Karani, Wilson, Underwood (capt.), Collett, Evans. Substitute : Dickson.

Dave Dickson.

SWIMMING CLUB

Into the Blue

At 6.30 p.m. on the eve of Monday, 27th January, 19 members of Guy's Hospital intrepid Swimming Team arrived at the Empire Pool U.L.U. for the heats of London University's Annual Swimming Gala. Within the next hour a mere five had entered the water—this was not due to the flagging courage of this eager bunch but the fact that only seven colleges had turned up for the event, making three heats necessary.

The first heat was the Men's Individual Medley in which Andy Smith won himself a place in the finals. The other Guy's swimmer in this event, Mick Miller, was not true to form—his doggy paddle appeared to have let him down

In the heats of the women's breaststroke, Mary Burgess brought another success to Guy's but her comrade (at legs) Jane Loxton, was disqualified for failing to touch with both hands.

The third heat was the men's freestyle in which Mick Fillery of WAS Productions was not the "has been" he might appear and swam to a place in the finals.

The finals began at 6.30 p.m. when Cherry Crook and Rosemary Black took the plunge for the ladies' freestyle 100m. Disaster struck in the 2nd length when Cherry was forced to retire with cramp. The following events passed without note—Guy's regularly managing to keep out of last place but never quite reaching first—until the ladies' medley relay when our lady of the tights —red tights that is—nearly caused us to be disqualified :— Miss Pauline Arnold was severely reprimanded for swimming in a two-piece!

The next amusement occurred when Glen Abrahmsohn was seen to slow up in the 1st leg of the men's freestyle relay. Reaching the end of the pool he promptly turned round and proceeded to follow Mick Fillery down the 2nd leg. He then performed several duck dives at the site where he was seen to slow up and it soon became apparent to all that he had lost his one-piece! The race continued and afterwards the gallant Andy Smith returned the missing trunks, thus allowing the embarrassed Glen to leave the pool.

It would seem that the moral of this saga is that you may streak down the U.L.U. pool but not wear a bikini.

The Guy's swimmers were pleased with their overall position of 2nd—vowing to remove Barts' from their seemingly secure perch next year.

The results were as follows :—

1st	Bart's	130
2nd	Guy's	77
3rd	Royal Holloway	62
4th	I:C.	45

The other teams were from : Royal Free, U.C., and Wye.

INDIVIDUAL RESULTS

Ladies' Freestyle 100 m.: Rosemary Slack—3rd. Cherry Crook—retired.

Men's Ind. Medley : Andy Smith—3rd.

Ladies' Breastroke 100 m.: Mary Burgess—3rd.

Men's Freestyle 100 m.: Mick Fillery—4th.

Ladies' Ind. Medley : Mary Gauczakowski—2nd.

Men's 100 m. Backstroke : Mick Mills—4th. Robin Piper—5th.

Ladies' Backstroke 100 m.: Chris Smith—2nd.

Ladies' Freestyle 200 m.: Rosemary Black—3rd.

RELAYS

Ladies' Medley Relay : Chris Smith, Sylvia Saunders, Gill Wood and Pauline Arnold—2nd.

Men's Medley Relay : Andy Smith, Mike Fillery, Mick Miller and Colin Mitchell—3rd.

Ladies' Freestyle Relay : Jane Loxton, Chris Smith, Sue Baxter and Mary Gauczakowski—3rd.

Men's Freestyle Relay : Glen Abrahmsohn, Mike Fillery, Mick Miller, and Audy Smith—3rd.

Chris Smith.

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF OXFORD

Final B.M. B.Ch.
January 1975

P. H. Kay

2nd B.M. B.Ch.
Stages I & II
Michaelmas 1974

P. D. Home

UNIVERSITY OF LONDON

2nd B.D.S.
December 1974

J. A. Bell
C. J. Dent
R. P. Ingham
Jane A. Ingram
P. J. Jones
Nicola Lolley
H. J. Longton
C. J. Mitchell
N. J. Oscroft
A. J. Patching
P. S. Reynolds
Sylvia R. D. Saunders
N. S. Singer
S. J. Thomas

Ph.D. Medicine
January 1975

Joan B. Evans (Microbiology)

Ph.D. Science
January 1975

N. S. Doherty (Pharmacology)

EXAMINING BOARD IN ENGLAND

Final L.R.C.P., M.R.C.S.
January 1975

Medicine

N. R. Avery
Lynne A. Ball
J. S. G. Bamforth
G. R. Barker
A. C. Chu
Elizabeth A. Claessens
P. G. Davies
K. D. Dawkins
P. M. Duckworth
Nuala L. K. Fagg
B. M. Flood
I. C. Forgacs
Jennifer A. Goodwin
T. J. Goulder
Jacqueline H. Hawskworth
H. W. Jones
M. A. M. Khan
C. G. Langdon
I. F. MacKenzie
R. F. Massey
Victoria R.-J. Muir
P. Nightingale
D. R. Norfolk
Elizabeth Ryman
C. Sharp
G. E. A. Sparrow
Kathleen M. Spencer
Evelin H. W. Tseng
Anne E. J. Tweed
Sheila L. Tyson
J. W. Upward
Margaret J. Watson
J. B. Williamson
A. P. Wozniak
Zahra F. Zaimi

Midwifery

P. N. Adams
R. D. Ballantyne
Clare V. Bartlett
Susan A. Behrman
E. C. Bray
A. J. Dawson
D. K. Evans
R. K. Farell
J. V. D. Gryf-Lowczowski
N. W. T. Harradine
C. R. Kelsey
P. W. Lambden
I. J. MacKenzie
H. H. B. Perkins
C. G. Pinder
J. F. L. Shaw
Anne E. G. Tweed
M. J. Turtle

Pathology

P. J. Adams
R. D. Ballantyne
E. C. Bray
Elizabeth A. Claessens
D. M. Curtin
A. J. Dawson
D. K. Evans
N. W. T. Harradine
P. W. Lambden
H. H. B. Perkins
J. F. L. Shaw
M. J. Turtle
A. P. Wozniak

Surgery

R. H. F. Bawden
C. Y. C. Chung Hung Tseung
Elizabeth A. Claessens
Rosemary J. L. Deacon
Ingrid H. Dodd
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ROYAL COLLEGE OF SURGEONS OF ENGLAND

Primary F.D.S.

January 1975

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Final Examination

February 1975

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Moragas, Y. (Miss)
Stott, W. J. (Miss) (Credit)
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Apply to the House Governor and Secretary, Maudsley Hospital, Denmark Hill, London, SE5 8AZ, for form of application, returnable by 5th April, 1975.

BIRTHS

JUNIPER: On 5th January, 1975, to Richard and Honor, a daughter, Zoe Murray, a sister for Matthew.

NICOLSON: To Kenneth and Elizabeth, a son, Robert, brother to James, William, Charles and John.

SHIU: On 18th December, 1974, to Man Fai and Len Len, a son, Kai Keen, brother to Kin Yee.

SOMMI: On 20th January, 1975, to Dr. and Mrs. K. Sommi, a daughter, Rebecca Louise.

DEATHS

Dr. F. DEACON, late of Cottingham, Yorkshire, on 7th February, 1975.

Dr. G. E. GENGE-ANDREWS, O.B.E., at Hove General Hospital, on 17th January, 1975.

CHANGES OF ADDRESS

Dr. Warren Harvey, O.B.E., and Sheila Harvey (née Phelps), S.R.N., Tanrhallt, Waterfall Road, Llanrhaeadr-ym-Mochnant, Nr. Oswestry, Shropshire. Tel. 069189 265.

Dr. and Mrs. John Laws, 4 Willowbrook, Longden, Shrewsbury, SY5 8EX. Tel. Hanwood 575.

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GUY'S HOSPITAL

The Lambeth/Southwark/Lewisham Area Health Authority (T) invite applications from registered dental practitioners for the following appointments to commence on 1st October, 1975.

Department of Orthodontics and Dentistry for Children :

Registrar—full time.
Clinical Assistant/Demonstrator (at General Dental Surgeon grade)—1 session a week.

Department of Oral Surgery and Casualty :

Registrars—full time or 6 sessions a week.

Department of Conservative Dental Surgery :

Registrar—full time.
Clinical Assistant/Demonstrator (at General Dental Surgeon grade)—6, 5 or 3 sessions a week.

Department of Periodontology and Preventive Dentistry :

Clinical Assistant/Demonstrator (at General Dental Surgeon grade—5, 3 or 2 sessions a week.

Department of Prosthetic Dentistry :

Clinical Assistant/Demonstrator (at General Dental Surgeon grade)—2, 3, 4 or 6 sessions a week.

Dental Radiology :

Clinical Assistant/Demonstrator (at General Dental Surgeon grade)—3, 5 or 6 sessions a week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT not later than 1st April, 1975.

We should like to remind our readers that the "Gazette" is usually published on the last Saturday of the month. Publication dates for the next three months will be 25th April, 31st May and 28th June. All copy for inclusion in the "Gazette" must be received 10 days before the publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

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MONTHLY TWENTY-FIVE PENCE VOLUME 89 NUMBER 2244

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

LACK OF IDENTITY

It was surprising and somewhat shocking to discover from a small informal survey of senior Guy's students, that the majority did not know what the Front Court was. This distinctive and impressive piece of architecture, which was completed in 1780, is the site of the statue of Thomas Guy. He stands dressed in civic robes, facing the Front Gateway, welcoming all who enter. Most of those questioned were at least aware that there was a "Consultants' car park", but did not know whether another, or an official name existed. It is probable that few cared! Nevertheless, the nomenclature of this famous Court is quite perplexing, and there seems to be no uniformity.

Plans for the building of the "First Square" were submitted to the General Court in 1738. The East Wing had already been built but the statue of Thomas Guy was not moved to its present position until the end of 1739. It was cast in brass at a cost of 500 guineas. The West Wing of the Front Court, including the Chapel, was begun in 1774. This heralded other major structural developments in the Hospital, as well as providing a new image to the Front Court. Apart from the post-War repairs to the East Wing, relatively little change has taken place in the last 200 years.

Some supposedly well-informed senior Guy's Staff were also unaware of the name of the Front Court. Confusion may still arise, however, as it can equally be referred to as the Front Square, the First Square or even (but this correctly) the Front Quad. A Consultant's wife suggested another name—Guy's Court. This is as good as any and may be considered the most charming. We would be grateful for the opinions of our readers on this matter.

SMOKING

It will be interesting to know the general response of the British smokers to the significant increase in the price of cigarettes which was announced in the recent Budget. The increase was apparently a health move following representations to the Chancellor by the Health Department. It was claimed that this was not so much to produce extra revenue but to minimise the damage to health and indirectly to the economy, caused by the habit of smoking. The public are well aware by now that cigarette smoking damages the health and many may realise its contribution to lung cancer, chronic bronchitis and heart disease.

The results from a recent Guy's students' survey into smoking, which we publish in this edition, suggest that a considerable number of people give up smoking because of the expense (38% in the Guy's survey). This may, therefore, justify the motivation for the price increase. Although no relationship between the time of stopping smoking and the publication of anti-smoking literature could be demonstrated, it was found that 62% of Consultants and 40% of the Nurses interviewed, confessed that their smoking habits had been affected by publicity. The responses from the other groups to publicity were less convincing. One striking observation has been the dramatic decrease in the number of doctors who smoke in the presence of patients and, indeed, in front of their colleagues.

It would seem that this new financial deterrent will not be wholly unsuccessful in decreasing the number of cigarettes smoked; even though this leaves the essential part of the puzzle unresolved. In addition, the increase in anti-smoking propaganda (sponsored ironically by the manufacturers themselves from a proposed statutory levy), may also play a part. The problem is most complex due to the moral issue and also, to the individual's free choice. Who would want to remove that?

GUY'S DIARY

The following Clinical Lectures will take place at 1.00 p.m. in the Anatomy Lecture Theatre.

MAY		
5	M	Mr. M. BEWICK "Transplantation of the Endocrine Pancreas"
12	M	Dr. J. H. CHAMBERLAIN "Myocardial Ischaemia—New Approaches"
22	Th	Dr. R. M. EMRYS ROBERTS "The Future of the General Practitioner Hospital"

NEWS IN BRIEF

Assistant Editor—New Appointment

We are pleased to announce the appointment of Mr. Peter Tillman to Assistant Editor. Mr. Tillman has served on the Editorial Staff as News Editor since March 1974.

Photographic Society

On Monday, 12th May, the Guy's Hospital Photographic Society will be holding its Annual General Meeting in the North Common Room at 1.00 p.m.

Study-Bedrooms

A splendid further £40,000 has been promised for Wolfson House by the Herbert E. Dunhill Trust, which has already contributed £60,000 to the cost of the building. This is the latest of numerous gifts to the School from the Dunhill Trust and brings the target of £1.2 million for the study-bedroom block substantially closer.

In addition, the Longmans Group have recently donated £1,000 for the study-bedrooms. Guy's and Longmans have an ancient connection through John Osborn, Thomas Guy's partner, who amalgamated with the first Longman shortly after Guy's death. Another and current link exists with Longman's through a number of editors of Gray's Anatomy, including the present editors, Professor Roger Warwick and Professor Peter Williams.

Gifts and covenants received from 425 Guy's men and women and members of staff amount to £32,700. Further gifts are needed urgently as the building is almost complete.

Wolfson House

Below is a further list of Guy's men and women, together with members of the Staff of the Hospital and School, who have contributed to the Appeal Fund up to the time of going to press:

Dr. R. V. H. Goulder

Mr.W. J. M. Hale

Dr. B. R. P. Murray

Dr. P. S. B. Russell

Mr. E. Tweddle

Appointment of Divisional Nursing Officers

Miss B. M. White has been appointed Divisional Nursing Officer for the General Division of Guy's Health District. Miss Brysson Whyte has been appointed Director of Nurse Education for the Guy's Health District.

Guy's Nursing Scholar

We should like to congratulate Miss Jean Vanessa Ward, S.R.N., S.C.M., Queen's Roll, H.V., F.W.I., who has been awarded a Hospital Survey Association Post-Graduate Nursing Scholarship. She qualified from Guy's in 1959 and her scholarship is for a course in Advanced Nursing Administration.

Nursing Medals

Cazenove medals for 1974-75 have been awarded as follows :—

Cazenove Gold Medal—Miss C. M. L. Freedman

Cazenove Silver Medal—Miss M. B. Thomas

Cazenove Bronze Medal—Miss J. C. Harvey

Admitting Office and Admissions Office

The Admitting Office and the Admissions Office were combined with effect from 14th April, 1975. The combined office is now located in the area outside the Superintendent's Office in the area recently occupied by the Admitting Office and the adjacent offices. The Administrative Officer in charge of the combined office will be Mrs. Joyce Higgins. The office will be completely closed from 1200 hours to 1300 hours for the lunch hour.

Miss R. Knight, In-Patient Services Officer, will be located for the next few weeks in the Admissions Office.

The Inter-Hospitals' Stroll

The now traditional stroll sponsored by A. Guinness and Son and the Medical Sickness Society, will be held on Saturday, 10th May. Coaches will be available from Guy's to the start at Compton Village and also back from the finish at Newlands Corner.

Last year, the Hospital won the Medical Sickness Trophy for having the greatest percentage of female strollers. This year, as before, that rather dark and mysterious brew will be available *en route*, and we hope that this incentive and, hopefully, fine weather will entice a large number of ladies as well as many male strollers. Prospective strollers may enrol in the Colonnade and further information may be obtained from Mark Bennetts via the East Wing.

Student Electives

There is a comprehensive collection of information concerning elective periods in the Physiology Department. Any student planning an elective is welcome to browse through this. Students who have recently returned from their electives, whether at home or abroad, are invited to fill in a questionnaire, available from the Physiology Department Secretary. It is hoped that these will be of help to others planning their electives.

OBITUARY

DONALD HECTOR COUCH, M.R.C.S., L.R.C.P., R.C.S.

Donald Hector Couch died on 11th December, 1974, aged 75, after a prolonged decline with retirement from B.M.A., B.D.A., and all Societies. Related to Sir Arthur Quiller-Couch, son of a Sea Captain torpedoed in the Great War, he was educated in Cardiff and qualified L.D.S., R.C.S., L.C.R.P., M.R.C.S., at Guy's after interruptions for training in the Royal Flying Corps.

He first followed dentistry for his late brother-in-law's practice in Cardiff; his nephew, Duncan Drew, subsequently followed him through Guy's to become a Consultant Anaesthetist. Afterwards he formed a dental partnership with me at Coventry where he later married Sybil Smart. He spent the Second World War in the R.A.M.C. on the N.W. Frontier and then on Hospital Ships running between the Middle East and South Africa, where he had family associations. Subsequently, he further specialised in Anaesthetics at Hammersmith Hospital and with his old Guy's friend R. R. McIntosh, to become Consultant at Shotley Bridge Hospital with the inception of the N.H.S. After retiring at 65 years, he continued doing sessions for a while in Weston-Super-Mare.

Don played soccer for Cardiff Corinthians, the Welsh Amateur Trials, and captained Guy's for three successive years. He always enjoyed golf and good friends. He leaves a widow and married daughter, whose career with the Foreign Office afforded experience overseas in the family tradition, to whom sympathies are extended.

S.P.M.

NOTICES

THE GUY'S INNOMINATE CLUB, 1921

The Annual Dinner this year will be held at The Bath Club at 7.30 p.m. on Friday, 16th May, 1975. Price of dinner, excluding wines, £5.50 in advance.

You are requested to notify me as soon as possible if you wish to attend. Medical guests are welcome.

G. T. Hankey, Hon. Secretary (01-580 1141)

RESIDENTS' PLAY—1975

The Residents' Play this year will be held from 5th—9th May inclusive at 8 p.m. Applications for tickets should be sent immediately to Mrs. J. M. Webster, Keats House (extension 246). Donations will be most gratefully received.

CASH SUBSCRIBERS

In view of the increase in postage charges, all further reminders for cash subscriptions will be included with the *Gazette* and not posted separately as before.

Mrs. Lyn Payne (Manageress)

SURVEY OF THE SMOKING HABITS AND ATTITUDES TOWARDS SMOKING OF THE MEDICAL AND DENTAL PROFESSIONS AT GUY'S HOSPITAL

P. J. Adams, A. C. Chu, E. A. Claessens, N. L. K. Fagg, K. Freeman, S. A. Green, A. P. Hemingway.

Aims

1. To conduct a practical study in the field of Community Medicine.
2. To carry out a survey of the smoking habits and attitudes towards smoking of the medical and dental professions at Guy's Hospital.
3. To examine in particular tobacco consumption, publicity effects, smoking in front of patients, giving up smoking, views as to smoking hazards, and advice given to patients.
4. To draw conclusions from the information obtained.

Method

The medical and dental personnel in the Hospital were placed into eight groups: Consultants, Registrars, House Officers, Qualified Nurses, Clinical Students, Preclinical Students, Clinical Dental Students, and Student Nurses. A random sample of fifty people from each group (except House Officers) were selected using random number tables. All fifty House Officers at Guy's were included.

Each person in the survey was sent a questionnaire accompanied by a letter explaining the aim of the survey and asking for co-operation. As some people selected might have wished to remain anonymous a slip of paper with the name of the correspondent was enclosed, the return of which indicated completion of the questionnaire, which was itself returned in a separate envelope. Using this method it was known who had not replied after two weeks. A follow-up letter and another copy of the questionnaire, were sent to those who had not replied asking for completion and explaining the need for a high return of questionnaires if significant results were to be obtained. A further follow-up was sent during the summer months, and the final analysis done at the end of August, 1974.

Questionnaire Design

When compiling the questionnaire it was decided at the start to limit the number of questions to those which would fit onto one sheet of paper. It was felt that a short simple questionnaire would gain a better response than a long or complicated one. This supposition was supported by a survey in which the response to long and short questionnaires was studied. Short questionnaires gained a much better response but naturally provided less data[2]. The questions had to be worded so that the answers were of the choice of alternative variety or simply YES/NO for ease of coding and analysis. Also all the questions had to be relevant to all the groups studied.

Results and Discussion

As may be seen from the totals in Table I the response was particularly high from the Consultants (49 or 98%) and lowest from the Clinical Students and Student Nurses (36 or 72%). The fact that not everyone in the samples replied means that the results can only be generalised to the population, who reply to such questionnaires rather than to the whole population, from which the sample was drawn. It has to be assumed that those who reply and those who do not may be different on some of the factors being investigated.

In many possible tables it could not be established whether the differences between groups could be explained in terms of chance alone (i.e. variations due to sampling) or whether the sample differences were indicative of real differences between the groups. This was because all expected values must be greater than five for the chi-squared test to be valid. (This rule may be slightly relaxed to allow one in five expected values to be less than five but greater than one.) In order to clarify these results it would be necessary to conduct a larger survey. Whenever possible differences were investigated by significance tests. Differences should be viewed with particular caution unless their statistical significance is mentioned.

Among those who returned their questionnaires about a third smoked at present and a further fifth had smoked in the past (Table I). Of those who smoked 60% smoked cigarettes only and a further 14% smoked a mixture including cigarettes. Only 38% of Consultants smoked cigarettes. There was no significant difference in the smoking habits of the eight groups (Table I, $0.20 < p < 0.30$). Thus the differences between the groups may be due to sampling variation alone; and the high percentage of House Officers who smoke and low percentage of Consultants who have never smoked might not hold if further samples were taken.

SURVEY OF SMOKING HABITS

TABLE I—Smoking Habits of Different Groups

Group	Smoker	Ex-Smoker	Non-Smoker	Total
Consultants	21 (42.9)	14 (28.6)	14 (28.6)	49
Registrars	13 (29.5)	13 (29.5)	18 (40.9)	44
House Officers	22 (50.0)	6 (13.6)	16 (36.4)	44
Qualified Nurses	12 (30.8)	8 (20.5)	19 (48.7)	39
Clinical Students	11 (30.6)	7 (19.4)	18 (50.0)	36
Preclinical Students[1]	12 (27.3)	7 (15.9)	25 (56.8)	44
Dental Students	14 (34.1)	9 (22.0)	18 (43.9)	41
Student Nurses	13 (36.1)	4 (11.1)	19 (52.8)	36
All	118 (35.4)	68 (20.4)	147 (44.1)	333

$Chi^2 = 17.64$, d.f. $= 14$, $0.20 < p < 0.30$.

According to Lynch[4], among those aged 35 and over a quarter of males in 1958 and a half of male doctors in 1961 were non- or ex-smokers which contrasts with our figure of 63% among male Consultants and Registrars. In Bynner's survey[1] of 208 preclinical medical students in England and Wales 44% were smokers and only 7% were ex-smokers and these figures are significantly different at 5% from ours. In a survey of the smoking habits of 208 preclinical medical students in 1965 in Glasgow 16% were smokers, and 21% were ex-smokers[3], which are not significantly different from our figures. In 1969 the Glasgow students were in the clinical part of their course and then 27% were smokers, and 21% ex smokers which again are similar to our figures. Table II shows that the Clinical Medical Students who do smoke, smoke significantly fewer cigarettes than the corresponding Preclinical and Dental Students (Clinical versus Preclinical $p = 0.003$; Clinical versus Dental $p = 0.003$). One may speculate that this is because of direct contact on wards with lung cancer patients who once smoked heavily. Of all the smokers (in all eight groups), 66% smoke less than 14 cigarettes a day.

It is interesting to note that 62% of Consultants and 40% of nurses (qualified and student) who smoked said that their smoking habits had been affected by publicity. In the other groups less than 30% said that they had been affected. Of the 118 smokers who replied ten admitted that they sometimes smoked in front of patients, and of these ten, four were Consultants and three Registrars.

TABLE II—For smokers only. Amount smoked for student groups.

Group	Amount smoked in grams per day 1 - 14	15 and over	Total
Clinical Students	11 (100.0)	—	11 (100.0)
Preclinical Students	5 (41.7)	7 (58.3)	12 (100.0)
Dental Students	6 (42.9)	8 (57.1)	14 (100.0)

Clinical versus Preclinical, $p = 0.003$ (Fisher's exact test).
Dental versus Clinical, $p = 0.003$ (Fisher's exact test).

Of the sixty-eight who had previously smoked but did not now, 82% had smoked only cigarettes during the year before giving up. No relationship between the time of stopping smoking and the publication of anti-smoking literature could be demonstrated. The most common reasons specified for ceasing smoking were risk of ill-health (49% of ex-smokers), expense (38%) and the presence of cough or catarrh (25%).

The question enquiring as to whether it was felt that smoking was more dangerous than obesity was obviously poorly designed as it required a YES/NO answer to a question, the answer to which is obviously that the relative danger depends on the amount smoked as compared to the degree of obesity. 9% refused to give a YES/NO answer and said it depends, or that they did not know.

For those who advise (or would advise for students) their patients to reduce their smoking, the percentages doing so always, usually, or sometimes vary significantly between groups (Table III, $p < 0.0005$).

Clinical medical students have the greatest percentage who would *always* advise their patients to reduce smoking whereas the student nurses have the smallest percentage. The percentage of House Officers who *usually* advise reduction is high whilst that of Clinical Dental Students is low. (The percentage advising reduction *sometimes* is low for House Officers and Clinical Students and high for Dental Students and Student Nurses.) These results perhaps indicate something about students' perceptions of their future role rather than what they will actually do. There was no significant relationship between responders' smoking habits and their advice to patients.

TABLE III—How often different groups advise their patients to reduce their smoking[2].

Group	Always	Usually	Sometimes	Total
Consultants	8 (18.6)	19 (44.2)	16 (37.2)	43
Registrars	12 (28.6)	18 (42.9)	12 (28.6)	42
House Officers	13 (30.2)	26 (60.5)	4 (9.3)	43
Qualified Nurses	7 (20.0)	14 (40.0)	14 (40.0)	35
Clinical Students	14 (38.9)	16 (44.4)	6 (16.7)	36
Preclinical Students	14 (31.8)	19 (43.2)	11 (25.0)	44
Dental Students	11 (33.3)	4 (12.1)	18 (54.5)	33
Student Nurses	4 (11.1)	10 (27.8)	22 (61.1)	36
Total	83 (26.6)	126 (40.4)	103 (33.0)	312

$Chi^2 = 46.21$, d.f. $= 14$, $p < 0.0005$.

1. One student, who did not smoke at present, did not answer question 9 so has been excluded from this table as it is impossible to classify him as either an ex-smoker or non-smoker.
2. For students, the question was "would you advise your patients to reduce their smoking?" Those who never advised their patients, said the question was irrelevant or failed to answer this question, have been excluded (i.e. 22 or 7% of those who replied).

Although many interesting results and indications for further studies were obtained the most important point learnt was probably that in order to obtain statistically valid information from a survey, one must be very careful in the design of the questionnaire and the resulting groupings obtained.

Acknowledgement

We should like to thank Rosemary Dalton of the Department of Community Medicine for her help with this survey.

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What you may not be so familiar with, however, is what medicine in the Royal Navy entails. It tends to be a little different in its application. More varied and interesting.

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If you would like to know more about Naval Medical Cadetships and practising medicine in the Royal Navy write to me at the following address:

Surgeon Commander L. C. Banks, R.N., (26BZ4) Department of the Medical Director General (Naval), Empress State Building, London, SW6 1TR.

RN
ROYAL NAVY

GALEN OF PERGAMUM, A.D. 129-199

There can be few physicians whose value has been so variously esteemed as that of Galen. In the Middle Ages his writings were widely acclaimed and held absolute authority. However, during the Renaissance he fell into disrepute and was even reviled; since then his name has only slowly been restored to its rightful place among the giants of ancient medicine.

Galen was named after the Greek word for calm—"galenos"—by his father who was giving expression to a deeply felt desire caused by his unhappy marriage. He was brought up in the school of philosophy at Pergamum and decided to be a physician at the age of 18, and following in the footsteps of his illustrious predecessors, he travelled to new lands and cities in order to study unfamiliar illnesses and methods of treatment. He spent from 148 to 157 on his travels before returning to Pergamum where he obtained the influential post of surgeon to the gladiators. He held this post for three years and amazingly was very good at curing the wounded; he now had a distinguished position and plenty of work to do; but he still found time to write and study philosophy.

In 161 his term as gladiatorial surgeon ended and he once again set off from Pergamum, this time to Rome. Fortune favoured him and he quickly gained a large reputation after curing the very influential philosopher, Endemus. Endemus, also from Pergamum, had been ill with a quartan fever and he called in the best physicians in Rome who could do nothing for him, so he summoned his fellow townsman, Galen. Galen examined the patient and made a prognosis. The illness ran the course he had predicted so he prescribed remedies and the patient recovered.

Galen was not without his adversaries in the fiercely competitive society of Rome. In lectures and in animated pamphlets he took the field against them; however, it was in anatomy that he became very interested and indeed he was very adept at it. It was at this time that several of his books on anatomy were compiled. He had many distinguished patrons including Boethus, the consul; Marcus Cirica Barbarus, an uncle of Emperor Verus; and Claudius Severus, son-in-law of Emperor Marcus Aurelius. They wanted to recommend Galen to Marcus Aurelius Antonius and he could have been made physician to the Emperor. However, Galen was only 37 and didn't want any of it so in 166 he left Rome for his native city, Pergamum.

He took up his old practice, but in the winter of 168-169 an imperial missive came to Pergamum summoning Galen to Italy. Without due haste he joined the court at Aquileia, where almost immediately the pestilence broke out and on the way back to Rome, Verus the Emperor died. The other Emperor Marcus Aurelius appointed Galen as "physician-in-ordinary" to the heir apparent, Commodus, who stayed in Rome whilst Aurelius went north to fight the barbarians.

Galen remained in Rome for the next thirty years and was Court Physician to four Emperors, though he spent much of his time writing and studying. A great misfortune overcame him in 192 when many of his books and papers were destroyed by a fire in the Temple of Peace on the Sacred Way. Copies of some of them remained, but many were lost for ever. In 199 he died at the age of seventy.

Why did Galen exert so profound an influence on medicine for the next thousand years? He didn't belong to any school and like all eclectics he gathered his material from what seemed best of the body of medical writings. Above all he was an Hippocratist, he wanted to build on Hippocratic foundations and he tried to systematise the huge body of new knowledge, he aspired to establish formulas which would free medical practitioners from perpetual uncertainty and would give them sound guidance to suit every occasion.

In old age he wrote : "I have continued my practice on until old age, and never as yet have I gone far astray whether in treatment or in prognosis, as have so many other doctors of great reputation. If any one wishes to gain fame through these, and not through clever talk, all that he needs is, without more ado, to accept what I have been able to establish by zealous research".

Rodger G. C. Martin.

BOOK REVIEWS

"Cholera", by D. Barua and W. Burrows. Pp. 458. Illustrated. Price £7.90. Published by Saunders Philadelphia, London.

Cholera remains a disease of great importance for mankind, not only because of what is happening to-day but also because of what could still happen, even in Western Countries. For cholera remains ready to re-emerge if there should be massive breakdowns in public services, and interference with the disposal of sewage and the supply of clean water. The new El Tor strain, moreover, which is replacing classical cholera in many parts of the world, spreads with greater facility from person to person and often causes inapparent infections. Research workers continue to hunt for a more effective vaccine, but even an attack of cholera does not give a long lasting protection.

In this book every aspect of cholera is covered, in 25 chapters written by different experts. There is a great deal of overlap, and each chapter has at least a hundred references. But it is a review of new information rather than an attempt at a general survey of cholera. There are authoritative accounts of the bacteriology, pathogenesis, treatment, epidemiology, and a final chapter deals with economic considerations in cholera control. For the average medical reader, however, a much shorter and more thoroughly edited book would have been of greater value, including basic material and perhaps a chapter outlining the fascinating history of cholera.

C. A. Mims.

"A Colour Atlas of Forensic Pathology" by G. Austin Gresham. Pp. 309. Illustrated. Price £7.00. Published by Wolfe Medical Books.

Cases of homicide and violent suicide are comparatively uncommon in this country. Pathologists with a purely hospital practice may, therefore, get very few opportunities to interpret non-accidental trauma.

Dr. Gresham goes a long way towards solving their dilemma in his "Atlas of Forensic Pathology", which opens with sections on equipment, scene of crime procedure and autopsy examination before dealing with specific types and patterns of injury and causes of death. Each section is prefaced by a general description followed by a series of illustrations with explanatory notes and concluding with a useful bibliography.

The illustrations, nearly 300 in all, mainly in colour, have been carefully selected and in general the colour production is excellent. They cover a wide field and depict not only injuries but also autopsy-room techniques which are applied in certain classes of medical-legal cases and a few photomicrographs.

The author is to be congratulated upon his useful contribution to the forensic bookshelf and the publishers upon the quality of the publication and the price. The "Atlas of Forensic Pathology" deserves the attention of all morbid anatomists.

A. Keith Mant.

"Aims and Motives in Clinical Medicine" by Brian P. Bliss and Alan G. Johnson. Pp. 188. Price £3.50. Papareback edition. Published by Pitman Medical, London.

This book has the subtitle "A practical approach to Medical Ethics" and this gives a better guide to the book's contents. There can be no doubt that modern medicine has raised many complex medico-legal problems and this book sets out to give practical (rather than theoretical) guidelines for examining such problems. The book is filled with many clinical examples which have been provided by the authors who are both Honorary Consultant Surgeons at Charing Cross Hospital. The subjects covered include abortion, transplantation, euthanasia, clinical research, telling the patient the truth, over-treatment and over-investigation. There is thorough coverage of medical ethics and the book also contains in its appendix section various codes of medical behaviour as set up by Hippocrates in 400 B.C. and the World Medical Association in 1948 to the present day. The final chapter of the book discusses the importance of motivation and its relationship to the use of such ethical procedures, for without motivation to use guidelines such problems will remain in the sphere of the academic theoretician. The book will be useful to anyone involved in health care, but its price will undoubtedly limit its readership.

Nigel J. Masters.

"Modern Medicine", edited by Alan E. Read, D. W. Barritt and R. Langton Hewer. Pp. 543. Price £8.00. Published by Pitman Medical, London.

In Bristol twenty-one teachers and an artist combined under the editorship of Professor Alan Read, Dr. Barritt and Dr. Langton Hewer, to produce this excellent synopsis of Modern Medicine. It tackles all the major medical specialities, some cursorily (5 pages of Medical Genetics), others at greater length (Neurology 77, Gastroenterology 49 pages). The style is necessarily terse but usually very readable, the text being well headed and sub-headed, interspersed with tabulations and lists and yeasted with many excellent drawings, diagrams and a few photographs. A section on special diets—potassium, gluten, low-fat, etc.—is useful. The list of normal values is regrettably in pre-SI units. A couple of hours spent in "random sampling", the book justifies the adjectives "sound", "up-to-date" even, here and there, "entertaining" and occasionally "scanty". It can be recommended to the undergraduate medical student "mugging-up" for the final examination and to the "paramedical" who requires ready access to short versions of particular subjects in medicine.

Harry Keen.

NURSING

WHITHER COURTESY ?

One of the many complaints which are made by those working in hospital, concerns the apparent inability of staff in authority to communicate adequately, both with their own colleagues and also those less senior. This is, of course, now a fact of life to which a large number have become resigned, in the absence of any efforts to improve the situation. However, one place in which lack of communication is a cause for great concern, is when it occurs on the wards, between nursing and medical staff, since this can directly affect the welfare of the patients.

It is thought that, by virtue of tradition, nurses and doctors exist in what might be described as a condition of symbiosis, and when they are not at work, this would still appear to be the case! However, within the wards, there is at present, a disturbing lack of communication, and it is becoming more apparent. It seems quite inconceivable that such a situation should exist, and this is potentially dangerous for the patients. In addition to this, there is also evidence to show that an increasing number of doctors are not only a little brusque towards the nursing staff, but at times are openly rude.

Where does this all begin? It would seem that it is at grass roots level that the seeds of attitudes are sown, and therefore it must be at the student level that impoliteness begins, although, of course, since we live in such an aggressive age, it may even be at an earlier stage.

Medical students, like those in nursing, develop their attitudes from those which they see given as an example. If the people whose responsibility it is to set these examples are at fault, then so too, will be the newly qualified doctors which are eventually produced.

The next inevitable stage is that House Officers and young Registrars attempt to undertake their clinical work by utilising the attitudes which they have previously seen adopted by their senior colleagues. A number of years ago, this would have been corrected by the ward sisters, but nowadays this is not the case. This is due to the fact that the sisters, like the young doctors, are very insecure and inexperienced, and thus a fractious situation develops.

Human relationships are, of course, difficult to analyse, but when they directly relate to the welfare of sick people, it is vital that they are harmonious, and at present they frequently are not. Furthermore, loyalties are not increased when a senior nurse has to tell a student that the behaviour which has just been demonstrated by a member of the medical staff cannot be condoned under any circumstances. This happens quite regularly.

It seems most unfortunate that such a situation has been permitted to develop, but at present it is causing considerable unrest amongst nurses. There are doubtless faults on both sides, and the sooner they are rectified the better, since patients stand to suffer if they are not.

CORRESPONDENCE

FROM THE EDITOR

It has always been the policy of the Gazette to present all shades of opinion and we publish this letter in full.

Future of Guy's Hospital Gazette

SIR,—It was with interest that I read your Passim, "No. to N.U.S." in last month's *Gazette*, the more so as I am presumably one of the "conscientiously political students" to whom the article refers. However, as I think that *Gazette* readers should be aware of the circumstances of the N.U.S. referendum as well as its result and the conclusions drawn by the article's author, I should be grateful if you would allow me the courtesy of your columns to reply.

The reason that the referendum was proposed was not, as stated, that the meeting was inquorate, rather the Vice-President in office (himself a member of N.U.S. H.S. Medical Students Working Party) felt that this decision merited special efforts to ensure that every student had a chance to vote. This vote, which incidentally was conducted over a three-week period, not at the A.G.M. as stated, was however far from unanimous which brings me to my next point.

I cannot imagine that the 38 per cent of students who voted in favour of membership did so in the hope that their grants would be "forcibly negotiated", or in order to join students dictated by a bunch of aggressive and agitating "leaders". They presumably did so because to them a definite merit or advantage could be gained from N.U.S. membership; after all, if no such advantages existed there would have been no argument and no need to hold a ballot at all. To insinuate that these young men and women were "blindly following the sheep" or that they lacked the "courage and common sense to stand alone", solely on the basis that their opinions differed from that of the majority is more than libelous, it runs counter to the very democratic principles on which this country has tried to base its government for the last one hundred and fifty years, and on which our own referendum was held.

As President of the Clubs' Union I learnt to accept that even as an elected representative I was not empowered to speak on the students' behalf without first consulting the U.G.M. and obtaining a specifically worded opinion on the matter. How is it then that the Editor of the *Gazette*, appointee of an obscurely elected sub-committee of the School Council, can allow such an opinion to be expressed in his columns without either a specific mandate, or any attempt to balance it with one of an opposing view?

It is precisely because of the *Gazette's* eminent past that I am concerned about this example of what may be described at best as insensitive and inexpert journalism, at worst as naively contrived propaganda. Furthermore the Rugby Club, and the Hockey Club also have both been criticised in similar ways in the recent past, and have encountered difficulties in having their replies published. In view of the unease which has surrounded the *Gazette* in the past eighteen months a thorough reappraisal should be made of its structure and functions.

Whilst the standards of printing and production are undoubted, is this of any merit when cost reduces the number of issues, and the space contained in them, to a point where continuity is lost, and there is insufficient room to publish some of the material received on time, if at all? I think not. Furthermore, for an institution the size of Guy's the *Gazette* and its production staff are both too small, and the Board of Management is too remote to provide an effective means of communication of factual information and people's opinions.

If this really is the *Guy's Hospital Gazette*, the editorial board should be appointed by, and directly answerable to the J.C.S.C., Nurses' Representatives Council, the Clubs' Union U.G.M. and the various other bodies representing the Hospital's diverse community. If it is a Medical School Publication, the edit-

orial board should be elected by and answerable to the students and representatives of the various Medical School employees, not to its present remote sub-committee. If it is a Student Publication, and it has had a student editor in recent years, the U.G.M. should have direct control.

No institution can live on its past reputation alone, and unless the *Gazette* can provide more regular issues, with a balanced editorial position, and more room for everyone to have his say, it has outlived its purpose.

With *Guylines* now firmly established as the Hospital Magazine, and *Day by Day* as an effective weekly student calendar, the *Gazette* must find itself a role, or its Centenary issue will be seen to have been its swansong.

Yours faithfully,

DAVID R. FINE.

East Wing, Guy's Hospital,
London, S.E.1.

Student Apathy

SIR,—Whilst accepting the right of any individual to express his views regarding the N.U.S. and also accepting the majority verdict against N.U.S. membership motion, we object to a vocal minority putting words into the mouth of that majority.

The Editors of the *Gazette* may indeed rejoice at the result if they wish but it was not a landslide (174—110). In our opinion the vote did not represent "the young men and women of Guy's" making a decision not to "blindly follow the sheep" but rather an expression of the grotesque lack of interest in local and international affairs amongst medical students. If anything it is this which allows extreme minorities to control the N.U.S. and indeed it is the particular apathy amongst medical and dental students which prevents them having a say on this body.

Do not be taken in—as students we are still associated with the pronouncements of the N.U.S. even though at present we have no voice on its committees.

Students have a right to a voice and as believers in democracy we were saddened by the result.

Yours faithfully,

D. C. MARKWELL, G. SENGUPTA, A. P. PLUMB,
N. R. INESON, J. B. WARREN, M. L. MOSS.

East Wing, Guy's Hospital,
London, S.E.1.

Potential Moderating Influence

SIR,—In common with the majority of students at your medical school, I too have reservations about the N.U.S. Health Students, and even more reservations as regards the N.U.S. leadership. However, I believe it is a lot easier to try and change N.U.S.—from the inside—rather than stick my fingers in my ears, and my head in the sand on the off-chance that N.U.S. will go away.

I was sad to hear that Guy's would not join N.U.S.—with students such as yours going to an N.U.S. Conference, the more sensible candidates for the N.U.S. executive might stand a greater chance of getting in, and the more moderate policies more chance of being adopted.

Yours faithfully,

T. WEBB, Medicine IV.

Medical School, University of Birmingham,
Edgbaston.

Change in Opinion ?

SIR.—Since Charlotte Cavanagh returned from the U.S.S.R., it seems that her opinion of the N.U.S. has changed. Before her election to the position of Vice-President of the Clubs' Union, she was against joining the N.U.S. because it was too politically orientated. Miss Cavanagh went to the U.S.S.R. as a member of a N.U.S. visiting party, so it is clear that she wishes to be associated with the N.U.S.

The N.U.S. visit was reported in an issue of *Sennet* (12th March, 1975) and it was stated that the N.U.S. visiting party had expressed its support for the people of Chile in their fight against the military junta in Chile. Again Miss Cavanagh has, because she was a member of that N.U.S. visiting party, associated herself with the political policies of the N.U.S. I am not against Miss Cavanagh associating herself with the N.U.S., but that in such a short period of time she has completely changed her views on the question of the N.U.S.

We at Guy's are part of the student body in the country, but not represented nationally, as we are not members of the N.U.S. Peter Watkinson has written in the *Gazette* (22nd February 1975) that the N.U.S. is far too politically orientated and too concerned with issues like Chile and Angola. So we at Guy's could act as a moderating influence on the policies of the N.U.S., we could also give our support to the grant negotiating committee of the N.U.S.

So what would we lose by joining the N.U.S.?

Yours faithfully,

DAVID WILKINSON.

East Wing, Guy's Hospital,
London, S.E.1.

Alternative Student Organisation Required

SIR,—I was disturbed to hear that my visit to the U.S.S.R. has led to misunderstandings about my views towards the policies of the N.U.S.

I accompanied the N.U.S.(U.K.) delegation in my capacity as President of the University of London Sports' Council, at the request of the President of U.L.U. who was unable to go at the last minute.

The other members of the delegation may have had reservations about my non-N.U.S. status but they fully appreciated the need for a U.L.U. representative on the delegation, in order to complete various formalities with Moscow State University.

Any views expressed during the visit were those of the N.U.S. executive and not my own. My views on the position of Guy's and the N.U.S. have not changed. I firmly believe that there is a need for an alternative organisation more fitting to the needs of medical students.

Yours faithfully,

CHARLOTTE CAVANAGH, B.Sc.

East Wing, Guy's Hospital,
London, S.E.1.

Importance of Interviews

SIR,—I was much interested in your article "The Art of Interviewing". Though written from a nursing viewpoint it has much wider application. Anyone concerned with interviewing potential nurses, medical students, junior or senior doctors will know how imperfect is the present system. Hence the practice of many medical schools of virtually dispensing with it. This is wrong. Any interview—however brief—is better than no interview. Even within the present time limits and present interviewers available much improvement could be achieved. Much knowledge already exists and, for example, is already applied in certain Civil Service fields. "Innate ability" may be necessary but is not the sole required quality. I would urge that "outside" help is obtained to assist present interviewers rather than that interviews should be demoted or scrapped.

Yours faithfully,

P. A. ZORAB, M.D., F.R.C.P.

Tangier Lodge, 14 Vine Road,
Barnes, S.W.13.

Mirror Images

SIR,—I think Dr. Macdiarmid has got his reasoning a little wrong. To ask why the image in a plane mirror is erect but laterally inverted is simply to question a physical phenomenon. It is a little like asking why water is wet. The plain fact is that we prefer to tolerate an image which is erect, undistorted and laterally inverted rather than one which shows the opposite conditions, i.e., an image which is distorted and inverted vertically but not laterally. If Dr. Macdiarmid has not a concave mirror handy he may prove this to himself by looking into the reflector of an ordinary radiant fire. He will see that the image touches its right ear when he touches his. Different conditions obtain for a convex mirror but I think I have made my point.

The question of how we first learn to distinguish left from right has been with me for a long time, as I am sure it has been with many of us. I was taught to do so by my elder sister who simply touched me on either arm. I would have thought that most children would retain the distinction in their minds easily enough. If, however, an absolute definition is needed would the following be acceptable? If we face the position of the sun's meridian then left is the side on which the sun rises. This applies, of course, in the northern hemisphere only, as Coleridge's Ancient Mariner noted when the ship started to move northward :—

"The Sun now rose upon the right:
Out of the sea came he,
Still hid in mist and on the left
Went down into the sea."

At the Equator, of course, which is left and which right depends on whether you face north or south but I suppose it is a convention to use the designations used in the northern hemisphere, as it is in the southern.

Incidentally, Dr. Macdiarmid's argument regarding relative image reversal will not hold unless he assumes that in the reversed world of the image, the sun, in the northern hemisphere, rises in the West.

Yours faithfully,

ARTHUR H. STOCKER.

Keat's House, Bush Fair,
Harlow, Essex, CM18 6LY.

Reflections

SIR,—I feel that I must stand on my head and attempt to drink the two glasses of whisky on either side of the psychiatrist, which are offered to us by the very interesting and logical article by Dr. Macdiarmid in the issue dated 22nd March, 1975.

Having ceased to stand on my head, I agree with all his comments, but I would put one question. This is simply answered, but many of you may not know the answer and the question is: "Why is any asymmetry of the face doubled when viewing this in the mirror?" This is nothing to do with left or right or upside downside, but it is a question that is asked by every patient with a congenital asymmetry, or the parents of a child with such a malformation. It does bear thinking about and Dr. Macdiarmid's Figure 1 gives the answer as I am sure he will carefully explain to me in his reply had I not pointed it out in this letter.

Yours faithfully,

IVOR BROOMHEAD.

79 Harley Street, W1N 1DE.

Reflected

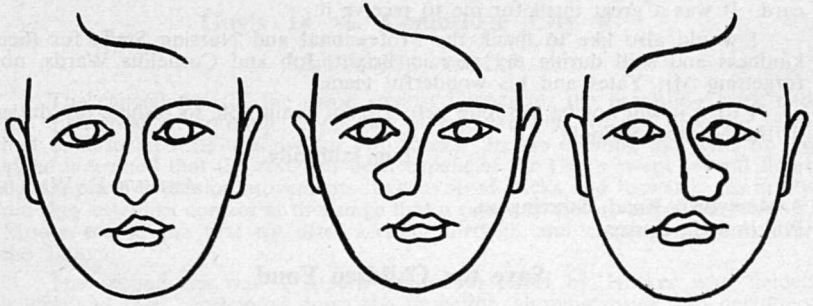
SIR,—I am fascinated by this new slant on the reflection puzzle from Mr. Broomhead and I am not sure that I understand it at all.

I can see that in the clinically unlikely asymmetry in the accompanying diagram there is double the discrepancy between B and C that there is between A and B, and I can see how, therefore, a parent, comparing his child's face with its mirror image, might well get double the sense of distortion that he would get in comparing it with an imaginary normal. If that is what his patients and their parents are talking about, I still have to ask how it relates to Figure 1 in my article—but maybe I haven't even grasped this new question, let alone the answer!

Yours faithfully,

D. MACDIARMID.

York Clinic, Guy's Hospital,
London, SE1 1NR.



A Normal

B Patient

C Mirror Image

Medical Journalism

SIR,—May I return to points in the letter of your correspondent, Adrian Pini? (*Gazette*, 22nd February).

I shall continue to distinguish between the Medical Profession, which includes all qualified doctors, and the B.M.A., to which some but not all doctors belong.

"Objective" discussion of great issues is not possible; sooner or later we must take sides. Bias concealed by "objectivity" is much more dangerous than frank bias.

Yours faithfully,

ANDREW L. GUNN.

Orthopaedic Department,
Ipswich & East Suffolk Hospital,
Anglesea Road Wing,
Ipswich.

Psychiatry at Guy's

SIR,—It was with considerable misgiving that I read Dr. Balean's letter to the *Gazette* in which he stated that he was a little misgiven to discover that psychiatry was to take its place as a faculty in Guy's Hospital Medical School.

Had Dr. Balean read a history of Guy's Hospital he would find that Thomas Guy made his bequest to build his hospital for the treatment of the mentally afflicted and it took a Royal Charter to change the status of the hospital.

I think it is very fitting and proper that Thomas Guy's foresight over 300 years ago should be recognised today.

Yours faithfully,

Dr. C. D. CHILVERS.

P.O. Box 14, Wairoa. H.B.,
New Zealand.

Arthur Wallis

SIR,—Through the courtesy of your columns I would like to thank all those who sent me "get well" messages throughout my stay in hospital. I would also like to thank the many students and others who signed the "get well" card. It was a great thrill for me to receive it.

I would also like to thank the Professional and Nursing Staffs for their kindness and skill during my stay in Bright, Job and Cornelius Wards, not forgetting Mr. Yates and his wonderful team.

I trust it will not be too long before I am again able to resume my duties in the Medical School.

Yours faithfully,

ARTHUR E. WALLIS.

3 Merryfield Road, Storrington,
Pulborough, Sussex.

Save the Children Fund

SIR,—On behalf of the Guy's Hospital Christian Union, I should like to thank everyone who supported our recent charity lunch in aid of the Save the Children Fund. The £18.15 has been sent to the charity and it is hoped further lunches will be held during the summer term.

Yours faithfully,

C. A. FOX.

East Wing, Guy's Hospital,
London, S.E.1.

SPORT

Commentary

Summer approaches and while there is little sun as far as the weathermen are concerned, there certainly seems to be some at Honor Oak Park. The *Gazette* would like to warmly welcome Mr. and Mrs. Dann who started as the new Groundsman and Groundsman-ess (is there a better word?) at the beginning of April. Their part of the clubhouse looks an entirely different place already—one word of warning, though, is the Lone Progeny of the Baskervilles (a black spaniel) who is perfectly happy for anybody to enter their house though not quite so keen when it comes to leaving.

The Rugby 1st XV picked up towards the end of the Season though the flourish backfired a little when they went down 21—4 to Old Whitgiftians in their final match. The Hockey 1st XI is desperately trying to play the remainder of its League matches which were rained off before Easter—goals by Jonathan Vafidis and Ian Phoenix two Saturdays ago were not enough to prevent the defeat by Welcome, who managed one too many. Soccer has given up the ghost until September, but the Squash Club, having won the University of London League Competition by half a point, also reached the United Hospitals' Cup Final. They lost to a strong Middlesex Hospital side by the narrow margin of three matches to two. The effervescent Boat Club appear to be bored with rowing marathons and have resorted to a running marathon (see below). At present thirteen people intend to run the 56 miles making a total of 728 Boat Club Running Miles. Good luck to them.

Tennis matches are arranged, and the total number partly depends on the amount of success achieved in the various knock-out competitions—so, you Unknowns with hidden talent, do you take the point? Cricket is also arranged and matches start before the end of April. Apart from the holding of regular nets, there is little else to say on that score, but the apparent enthusiasm promises well for the season.

Oh yes, the Boat Club (again!). The Hospital Bumps take place at Chiswick in the evenings of May 12-14 inclusive. Guy's have won it for the last three years and as the Boat Club give *Gazette* readers something to read, *Gazette* readers should give something in return, for instance SUPPORT. This logic is terrifying.

RUGBY

Guy's 14 vs. Cambridge City 8

22nd March, at H.O.P.

The cancellation of the game against Gloucester the preceding week and the disruption of training, both due to bad weather, meant that the team had undertaken little exercise for two weeks. In the opening moments of the game it seemed that the rest had been beneficial for Guy's swept several times up the pitch in passing movements that involved backs and forwards. So firmly did they establish control at this stage that a runaway victory appeared possible. Moore scored the first try after kicking through and chasing the ball over the line.

The second try was a superb individual effort by Harker who fielded a kick and then accelerated down the touchline, slipping inside two defenders for an excellent score.

As the first half progressed Cambridge managed to raise their game and harass the Hospital with some success. They had a clear advantage in scrummaging and won countless balls against the head. Despite a surfeit of possession from the right they made significant advances rarely, thanks largely due to firm tackling by Loxton, West and Emery. However, at half time Cambridge had drawn level with Guy's and the result at this stage was far less certain than appeared in the first fifteen minutes.

In the second half Guy's once again established themselves as the better side. Not that they were faultless. Apart from their deficiency in scrummaging they made naive mistakes which resulted in too many penalties, kicked away some good possession and spent too much time haranguing the referee or each other. Although enjoying a territorial advantage for most of this half the Hospital failed to score further tries. Cambridge very nearly went ahead when they broke through Guy's defence. Portelly save the day after sprinting to the opposite wing and tackling an opponent into touch a yard from the line. The final margin was decided on penalty points. Moore kicked two confident goals which settled the issue.

Team : J. Harker (capt.), A. Portelly, A. Campbell, S. West, P. Emery, R. Moore, L. Hughes, B. Hagan, P. Loxton, J. Brazier, B. Keevil, J. Fitzgerald-Frazer, S. Challacombe, T. Gibson, J. Rooke.

T.G.

Guy's 4 vs. Old Whitgiftians 21

5th April, Away.

So the season ended very much as it had begun with a fragmented and uninspired performance by the Guy's side. The Hospital had not played for two weeks and several seemed to think themselves still on holiday. Although the Old Boys' forwards were probably lighter, they managed to push the Guy's pack in the tight and generally played a superior game. Even so, Guy's achieved enough useful possession to make some impression on the game but this they rarely did. The backs made little ground in attack and the ball reached the wings on few occasions. Frustrated by their inability to breach the Whitgiftians' defence, they kicked hopefully up the field but on a day made for running this reflected a marked loss of confidence.

Whitgiftians scored their opening two tries with relative ease. The Guy's defence was once again shambolic. On one occasion two defenders attempted to tackle the same player leaving a fourth on the wing to cross the Guy's line unopposed. In the first half the Old Boys scored three tries to which Guy's replied with a solitary try by Hughes.

The second half was disrupted by frequent injuries and so Guy's were pressed to establish any rhythm. There were some encouraging breaks by individual players but lack of support often meant that the ball was lost in the second phase. A penalty goal allowed Whitgiftians to draw ahead to 15—4 and with only twenty minutes remaining the Hospital task became increasingly hopeless. On this occasion there was not even a last minute revival and Whitgiftians scored another goal before the final whistle.

A dispiriting season ended in character. Nevertheless the future is bright since many of the side are young and improving. With careful forethought and some groundwork during the ensuing summer, next season could well see a complete change in the fortune of Guy's.

Team : R. Fitton, J. Harker, A. Portelly, A. Campbell, P. Emery, S. West, R. Laws. B. Hagan, P. Loxton, L. Hughes, B. Keevil, K. Foot, J. Rooke, T. Gibson, C. Howell.

T.G.

HOCKEY

Paignton "75"

The time has come to speak of many things; of gallons, wagons, sickness, of sticks, defeats and Spirochaetes—most of which are best forgotten. Hockey also stirred an eyebrow and the Spirochaetes their collective ugly heads during Easter Bank Holiday Past at the annual Paignton Hockey Festival. Success means different things to different men, and that encountered on the field is best prevaricated by explaining that interspersed amongst the traditional Spiros' defence, approach and finishing power, were if one were suitably intoxicated glimpses of what might so easily have been.

The journey down to Devon was memorable not only for us but also for many motorists who in all probability have never had pints of beer thrust on them from the fast lane of the M4 before. The team was captained,

unfortunately, by Cole. When I say "unfortunately" I refer of course to the tragic fate of the inhabitants of Torbay who, for four years, have been subjected to his pompous and somewhat loud proclamations, his consistent ataxia and dysphasia after 6 p.m. and his oft dubious taste places of micturition. He was not, I hasten shamefully to say, alone in his repugnance but joined in varying degrees by thirteen others.

The statistics in eons hence will show: Spirochaetes—Played 7, Won 0, Drawn 0, Lost 7. These figures do not tell all, which is sad because few members of the team were ever in a state to tell any more. Perhaps the story should be told by Mrs. Wintle (hotel hostess) who, over the last couple of years has learnt not only how to dry mattresses but also who in the team likes Whitbread with their bacon and eggs. The weather, too, was kind to us although it snowed briefly soon after our arrival it was for the most part sunny. It was however cold, though scarcely cold enough to warrant three of the team sharing a bed.

On the pitch, evidence of the previous night was never far away. The oft told tale of "hitting the middle ball" was given new meaning when Steve Martin went for the middle pint of the three behind his goal. I don't think anyone ever did know how many goals were let in, in mid-sup. Congratulations must go to Bell for playing on Saturday morning with a hangover so solid that he didn't need a stick. The word "Kit" was given a new meaning this year: plus fours, waistcoats and braces were amongst those garments substituting for a blue and gold strip. Talking of strip, Cole . . . no perhaps not, though it should be noted at this point that certain members of the team were not entirely clean shaven.

We feel that a mention ought to be made here of the second best team at the Festival—the Oddfellows—who presented us with a pennant and our captain a tie. Mention must also be made that this touching and most appreciated token of friendship occurred prior to three of our team being slightly under the weather in the Oddfellows' hotel.

The week-end, as always, leaves blurred recollections; blurred, perhaps, due to the speed with which it passes though possibly other causes. Before closing, a few less blurred recollections should be included—Bell, Blowers, Cole and Smith appeared to suffer from photophobia and were also spotted on the roundabouts—Crozier blew bubbles, planted a bulb and fell over—Steel just fell over.

In summing up, it was probably the most successful Spiros' tour to Paignton (ignoring the Hockey, that is) in living memory. We made a few friends though we always seemed to be alone by mid-evening and probably the only people really glad to see us. apart from Susan Wintle. were the landlords of certain licensed establishments, except perhaps the Ship.

For those who thought one aspect of the tour was a failure, I can but say the signs were against us but we had "vacancies" for a song.

Paignton, look out—it's only eleven months until Easter.

Team: D. Cole*, S. Martin*, J. Fewster*, A. Smith*, D. Greaves*, W. Smith, C. Gwinnutt, S. Blowers, S. Bull, M. Bennetts*, W. Crozier, T. Baylis*, R. Steel*, T. Bell*.

*Spirochaetes.

A.J.S.S.C.R.
J.A.F.C.R.

Folkestone Easter Hockey Festival 1975

"Oh, to be in England now that April's there", wrote the poet. Admittedly it wasn't quite April but it was nearly so and one might have expected Aprilesque weather. However, as we set out and journeyed into the countryside it was more reminiscent of winter with the snow lying up to 2-3 inches or more deep in some places, and a bitter north wind blowing.

We eventually reached Folkestone without recourse to our snow ploughs and booked into our hotel. The proprietors, either through ignorance, or some masochistic tendency, had decided that they would give board and lodging

not only to the Guy's team but also to the London University team. After booking in and some lunch at a local pub, which slightly restored our spirits, four of us went to the cinema. The permissive society and excessive alcohol intake played havoc with our testosterone levels and left us decidedly shattered. During the night the local police decided to add to their funds and booked those who had parked facing the wrong way. They now face a £5-£7 fine.

On Good Friday we were due to play Edinburgh University, but as the official grounds were unfit we were told that unless we could find an alternative playing site, the game was off. Guy's breathed a sigh of relief and settled down to some serious wine tasting ("You spit it out, don't you?" said Mike Selley). Edinburgh, however, were more used to that sort of weather and eventually found a ground at a prep. school some twenty miles away. The ground was one-third size with a sideways slope of 1 in 20 and very bumpy but we were very grateful to the headmaster and had a good game which we lost 2—0. Whilst driving to the game we suddenly realised what being in the Common Market really means. All road signs pointed to Dover docks and France, and we spent a merry half hour racing around the back streets. Colin Hunter-Craig navigating by dead reckoning (how else for a pathologist) got out of the maze seconds before Robert Forber who was navigating by methods known only to budding gynaecologists.

That evening we sallied forth in search of liquid calories. The Festival headquarters being somewhat overwhelming, we settled for a hotel nearer home base. The alcoholic haze prevents my recalling its name but they made us really welcome. John Pascoe got his kickers in a twist as the proprietors had a charming young daughter who set his pulse racing. The senior men were so worried by his tachycardia that they rang Dover Hospital and told the intensive care unit to stand by. Luckily the ethanol had a suitably tranquillising effect and tragedy was averted. And so to bed. Either a practical joker had been at work or lack of sphincter control led to some wet beds. It reminded one of those railway posters which used to say "Dover for the Continent". Perhaps they should add "Folkestone for the Incontinent"!

The next day all were in serious mood and a two-hour meeting was held to thrash out the problems of formation play. After this everyone felt better but we still lost 4—0 to the Radley Galleons. We still have problems to sort out but the meeting showed that there are many good ideas in the team and it is a pity we don't get together more often for such talks. Only good can come of them.

On Sunday all games were cancelled and Phillip Nicol's journey from Chester was in vain but it was nice to see him again. Some of us went off to play "pitch and putt". The Martello Tower took its annual battering although John Clark showed his prowess by playing right over it. This was held to be in breach of local rules and he wasted many strokes playing back to it. Robert Forber holed in one (as I have already said: a budding gynaecologist). Later that night (or was it next morning?) a session of liar dice was played and all showed that they had benefited from their training in concealing the truth from the patient.

During the night there was some trouble with plant pots in a nearby block of flats and next day the team official had to face the local police. Luckily the trouble was nothing to do with Guy's and the official was not thrown into the dungeons of Dover Castle.

On Monday as some of our players had gone home we borrowed four players from London University, but despite, or could it be because of this, we lost 4—0 to Crostyx.

And so back to London. A most enjoyable if very tiring long week-end. One is constantly amazed by the amount of abuse the human body can stand without coming apart at the seams.

Team . J. Pascoe, M. Selley (capt.), C. Hendy, J. Clark, M. Harris, A. Kingon, J. Vafidis, S. Flint, R. Forber, J. Horton, J. Cottingham, P. Nicol. Official : C. Hunter-Craig.

BOAT CLUB

HEADS OF THE RIVER REPORT

Reading Head—8th March, 1975

The Reading Head has the reputation of being the coldest Head of the Season and, together with some rain, it was true to tradition. The three-mile row to the start was, for a variety of reasons, the first training session the crew had had, but surprisingly they made a good start and overtook the preceding boat after only two minutes. However, this initial success was short-lived; a steady stride was never obtained, and lack of fitness soon began to show. Despite a brave effort by the stroke to maintain the work load with a high rating, a scrappy and rushed race nevertheless resulted. At half-way, the crew passed another boat, but this did little to redeem a rather uninspired row.

Crew: Bow. Mark Livingston. 2. Pat Boulton, 3. Ralph Hahn, 4. Mike Russell, 5. Pete Rosie, 6. Grahame Mason, 7. Bob Pinkney, Stroke. Andy Chivers, Cox. Fred Moorhouse.

Kingston Head—15th March, 1975

A four-mile row up river to the start provided ample chance for the crew to warm up. Determined to improve on the indifferent display at Reading, the identical crew found that they were to start one place ahead of St. Thomas' Hospital's crew, Guy's major rivals in the rowing world. On another dank day, the organised chaos preceding the start resulted in Guy's finding themselves in a void, with St. Thomas' thirty seconds behind. All went extremely well until a mile from the end when the Guy's boat lurched, the crew lost its rhythm and discovered it was tired, and St. Thomas' began to catch up. However, they just managed to hold out by mustering all the brawn that they could. It was a shame that this misfortune occurred as the crew had rowed its best prior to catching its lobster.

Tideway Head—22nd March, 1975

This is the major Head of the Season and has an entry of four hundred crews from all over the country. The course, the same as that of the Oxford-Cambridge Boat Race, is four and a half miles long and regrettably the crew were very aware that they lacked the fitness required for twenty minutes' gruelling rowing. Illness to Bob Pinkney meant that a substitution was required, together with a rearrangement of the order and, wait for it . . . a new set of blades as a psychological boost! Typically the first half of the race was good and unrushed, the second half less good with a slower rating and erratic, spongy strokes. The transition occurred just after Hammersmith Bridge where a lone Guy's cheer had produced a spurt which was, sadly, short-lived. Two powerful crews came through in the closing stages but all others were held off. With the Summer Sprint Regattas approaching, let us hope that Guy's experience will prevail rather than opponents' fitness.

Crew: Bow. Joss Burn, 2. Pat Boulton, 3. Mark Livingston, 4. Mike Russell, 5. Pete Rosie, 6. Grahame Mason, 7. Ralph Hahn, Stroke. Andy Chivers, Cox. Fred Moorhouse.

Brighton to London Sponsored Run

On Saturday 26th April, Guy's Hospital Boat Club will be holding a sponsored run from the Palace Pier, Brighton, to London Bridge—a distance of about 56 miles.

All proceeds will go towards buying a new boat for the club.

So far, about twenty runners are preparing for the event—relentlessly pounding pavements throughout the London area. There will be about ten tables along the route at which the athletes will be provided with drinks, food, some appropriate massage and a cullet to bite on whenever necessary.

Anybody willing to help at these tables by serving drinks, taking photos or just supporting, will be most welcome and should contact either Pete Rosie or Grahame Mason via the notice board in the East Wing. Although this

event is not a race, the first runners home should reach the Hospital at around 7 p.m. and will then proceed on to London Bridge, where they will be presented with a commemorative tankard.

On the evening of the same day, the club that gave you the "VICARS AND TARTS HOP" now presents the "ROAD RUNNERS DISCO", at which the dress will be short shorts and vests (no spikes please).

So ladies, squeeze yourselves into those sawn-off, spray-on jeans, wriggle into a T-shirt and come and support your Hospital's oarsmen!

SAILING

Guinness Cup

The 1974 Inter-Hospitals' Guinness Cup was held on Saturday, 1st March. Teams were entered from seven hospitals for the three-boat team event, which was once again organised by Guy's.

In the first round we were drawn against The London Hospital and managed to win the match by 16½ points to 25. In the semi-final against St. Mary's Hospital, who had a bye in the first round, one of our boats had the distinction of being the only one to capsize during the whole competition. Despite this, Guy's won the match by 18½ points to 24.

The wind, which had started in the day by being an almost non-existent south-easterly and had freshened later from the west, dropped light again for the final against Middlesex Hospital, who had the strongest team in the other half of the draw. Both finalists showed their ability to use team tactics to their advantage, but despite this only one rule infringement occurred.

In the first race of the final Guy's got off to a moderately good start but Middlesex managed to force two of our boats behind them whilst one Guy's boat maintained first position. However, some fine sailing by Rhys Perkins, crewed by Neil Kay, pulled Guy's back into a winning position by the end of the last windward leg, and Guy's won the race by 9¾ points to 13, the opposition having accepted two penalty points for an incident at the leeward mark.

In the second race of the final the Guy's boats did not start very well but Paul Hutchings, crewed by Roderick Ingham, managed to sail two of the opposition's Fireflies out of the way, allowing Guy's to take first and third positions. The race was won by Guy's by 9¾ points to 11 after some place changes on the final reach, and thus we won the final by 19½ points to 24.

Guy's did well to win the Guinness Cup for the third successive year, and the team did well to beat the strong Middlesex team in the final. However, the starting by our team was not very good, and perhaps had it been better the final would not have been such a hard fought match.

Thanks must go to all those members from the various teams who helped in the starting, rescuing, cooking, etc. when they were not actually on the water, but must especially be given to those Guy's members who had to go to the brewery to change the tap so that it would fit the barrels of Guinness which had been kindly provided. This saved Rodger Martin, who some say worked so hard as barman that he didn't have time to drink anything all day, from getting out a can opener and giving each competitor a straw.

Team : P. Hutchings, R. Ingham, N. Kay, R. Perkins, W. Sudell (captain), N. Surridge.

1975 Castaways Cup

The 1975 Inter-Collegiate Castaways Cup was held at the Welsh Harp on 8th-9th March. Sixteen teams took part in the competition which was run on an American League system. Guy's were drawn to sail University College "A", Birkbeck College, and St. Thomas' Hospital "A".

The first match was against University College "A", the eventual winners of the competition. This was lost by a considerable margin, partly because

of difficulties in rigging the boats which we were allocated, resulting in a late start.

The second match, against St. Thomas' Hospital "A" team was won by Guy's by 20½ points to 23. In the first race of the match Guy's were in 1st, 2nd and 4th positions at the first mark, but by the finish our last boat had been pushed back to sixth place. In the second race St. Thomas' aided us to win the match by their first two boats sailing to the wrong buoy, and Guy's finished 1st, 3rd, 6th.

The third match was to have been against Birkbeck College, but this team withdrew after being beaten by St. Thomas' Hospital. University College "A", having not lost a match, proceeded to the semi-final, with Guy's being the runners-up in our first-round group.

Considering that two of the helmsmen had done very little team racing before, the team did not do too badly. However, the result was a little disappointing since Guy's reached the final of the Castaway's Cup the last time it was held. Perhaps we would have done better if more support had been given by some of the more experienced members of the team.

Team : R. Ingham, R. Martin, C. Penfold, J. Price, W. Sudell (captain), N. Surridge.

W. A. Sudell.

GOLF

The Golf Club began the 1975 season with the University of London Championships at Walton Heath on Monday, 14th April. The Guy's team under the captaincy of Chris Grant heads a side rich in match play experience which hopes to amend the reverses of last season. With four Old Blues remaining from the victorious 1973 cup side and the addition of Bill Whitby, Guy's have high hopes in this year's Inter-Hospitals' Cup, with the first match against St. Bartholomew's being played shortly at the Royal Berkshire Golf Club.

Chris Mackenzie, as fixtures secretary, is compiling a fine fixture list for the summer months with many friendly matches where it is hoped to field a varied "social" side.

Membership tickets for Sundridge Park Golf Club are now available from Bill Whitby or Ted Bray, but unfortunately due to the reduction in the club's budget we will be unable to offer the usual subsidy leading to a higher cost for individual tickets.

E.C.B.

SQUASH

Guy's 5 vs. St. Thomas' Hospital 0 (Hospitals' Cup)

Thursday, 10th April, at Home.

Following a fairly resounding 4—0 win against Charing Cross, Guy's took to the courts in the semi-final having to face the holders, St. Thomas'. Beaten 4—1 at the same stage of the competition at the same place last year, the identical team was, if nothing else, more determined, yet apprehensive. As expected, Iain Nicholson proved too much for Alan Flowerdew, but the other results were much less predictable. Probably the best win of the night was that of Ian Mackenzie playing at fifth string against a player who had already beaten another member of the Guy's side earlier in the season. Angus Kingon had a less erratic night while Chris Mackenzie defied the critics and won comfortably, despite not having played much beforehand due to examinations. Finally, the much-improved Robert Kirschen proved too efficient for a very long armed opponent.

Team: Iain Nicholson, Chris Mackenzie, Robert Kirschen, Angus Kingon, Ian Mackenzie.

A.M.K.

HOSPITAL INFORMATION

PASS LIST

SCHOOL OF NURSING

State Final Examination

February 1975

List of successful candidates :

Ally, Suzan Rup
Alpe, Georgina Mina
Barnett, Jenifer Anne
Beattie, Heather Elizabeth
Bentham, Rosamonde Elizabeth
Best, Judith Anne
Bond, Melanie Jane
Broughton, Frances Anne Carlo
Bunce, Margaret Mary
Burke, Pauline
Burman, Lynda Elizabeth
Carr, Elisabeth Joy
Clark, Valerie Anne
Corbett, Diana Margaret
Dines, Sally Vanessa
England, Stephanie Elizabeth
Firth, Elizabeth Jane
Foster, Judith
Goodfellow, Sarah
Green, Wendy Margaret
Harrower, Frances Ruth
Harvey, Judith Claire
Hayes, Christine Valerie
Hodgkins, Helen Elizabeth
Horsfield, Christina Mary
Houlahan, Sheelagh Brenda
Jones, Jacquelin
Kariuki, Florence Wabaiya
Leathersich, Anne
Longmoor, Carolyn Janet
Lyons, Teresa
Middleton, Jane
Miles, Barbara Anne
Milligan, Valerie Anne
Ng, Yuen Choy
Oates, Peter John
Parsons, Sarah Jane
Pearce, Elaine Lynne
Price, Diana Gwenllian
Puleston, Susan Lesley
Purcell, Barbara Katherine
Rivett, Jean Margaret
Rose, Mary Anne
Skidmore, Sally Jane
Smith, Judith Anne
Stewart, Pamela Jane
Summers, Helen Jane
Thomas, Gillian Mary
Ukeomeh, Cecilia Taku
Wadham, Sarah Elizabeth
Walker, Sarah Elizabeth
Wallace, Agostine Victoria
Walton, Patricia Jean
Weaver, Judith Anne
Wellington, Jane Martina Mary
Wicks, Stella Christine
Adlaon, Rosie
Foley, Margaret Anthony
Kuan, Lai Heng
Loh, Ooi Hwa
Phee, Chiew EE
Shelper, Jane Lorraine
Suratos, Amparo
Tarenyika, Cephas Silvester
Daly, Mary Catherine
Davison, Jill Deborah
Machado, Carmen Maselina
Pell, Mary Isabel
Shobo, Risikat Omobolanle
Thwaites, Shirley

GUY'S HOSPITAL

Applications are invited for the following appointments in the Guy's Group of Hospitals. The posts are renewable and the present holders are eligible for re-appointment.

Application forms are obtainable from and should be returned to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT, not later than the **8th May, 1975.**

Registrar in Dermatology (2)

Registrar in Diagnostic Radiology (2)

Trainee Registrar in Diagnostic Radiology (5)

Registrar in Ear, Nose and Throat Surgery (2)

Junior Registrar in Medicine (5)

Registrar in Obstetrics and Gynaecology (1)

Junior Registrar in Ophthalmology (1)

Registrar in Orthopaedics (2)

Registrar in Orthopaedics and Casualty (1)

Registrar in Psychological Medicine (5) (Guy's, St. Olave's and Bexley—rotating)

Registrar in Radiotherapy (1)

***Registrar in Rheumatology* (2)**

Junior Registrar in Surgery (4)

Registrar in Thoracic Surgery (1)

Registrar in Anaesthetics—Brighton and Lewes Group

Registrar in Paediatrics—Brighton and Lewes Group

Registrar in Anaesthetics (5) (including St. Olave's and New Cross (2)

Junior Registrar in Cardiology (1)

Registrar in Child Psychiatry (1)

Registrar in Clinical Pathology (4)

Junior Registrar in Clinical Pathology (2) plus St. Olave's (2)

Owing to re-arrangement of Medical firms, the **9 Medical Registrar** vacancies will be announced later.

GUY'S HOSPITAL MEDICAL SCHOOL

Junior Staff Appointments—1975/76

Applications are invited for the following appointments to the Junior Staff of the Medical School for the session 1975-76, commencing 1st October, 1975. Forms of application are obtainable from, and should be returned to the Dean, not later than 10th May, 1975.

Anatomy Junior Lecturer (part-time (1)

Student Health Assistant to the Director (part-time) (1)—Joint Appointment

Junior Lecturer in Medicine (1)

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the following Scholarships for the Session 1975-76. Forms are obtainable from the Dean and should be returned not later than 31st May, 1975.

The Beaney Scholarship in Materia Medicine

Candidates for the Scholarship must have received part at least of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of Materia Medicine (including *Pharmacy, Pharmacology and Therapeutics*) by supplying the Scholar with the means of carrying out original investigation in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The Scholarship is of the annual value of approximately £375.

The Arthur Durham Travelling Studentship

Candidates for the Studentship must be registered medical practitioners who have studied at Guy's Hospital Medical School. The Student is required to proceed abroad for the purpose of carrying out such investigations as may be approved or directed by the Board of Electors, and shall undertake to reside continuously abroad for a period of not less than six months. The Studentship is of the value of approximately £525.

The Sir Alfred Fripp Memorial Fellowship

The Sir Alfred Fripp Fellow is required to promote the advancement of knowledge and research in Psychology, more particularly through the study of children in health and/or in disease. The Fripp Fellow is allowed opportunities for study in the Paediatric Department and the Department of Child Psychiatry and is required to submit with his or her application a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship. The Fellowship is ordinarily for a period of two years but may be renewed for a further period of up to three years. Candidates must possess a registrable medical qualification and should not be more than 35 years of age. The value of the Fellowship is up to £600 per annum according to the seniority of the holder and the amount of time to be devoted to the Fellowship.

Dr. James Leighton Hopkins Travelling Scholarship

Candidates for the Scholarship must be registered Medical Practitioners, who have studied at Guy's Hospital Medical School. The purpose of the Scholarship is to assist the Scholar to travel to gain further experience *The value of the Scholarship is up to approxi*mately £725.

The Francis Lett Scholarship

Candidates for the Scholarship must have studied at Guy's Hospital Medical School. The Scholarship may be held by itself or in conjunction with other Studentships. The purpose of the Scholarship is to enable the Scholar to obtain experience in other Medical Schools or Hospitals, at home or abroad. Candidates must submit their proposed programme with their application. The Scholarship is of the value of up to approximately £1,000.

The Hilda and Ronald Poulton Fellowship

The Poulton Fellow carries out research in the Department of Medicine under the direction of the Professor of Medicine and the object of the Fellowship is to increase the knowledge of the origin, progress, treatment and cure of obscure diseases in man. The Fellow is appointed for two years in the first instance with possible re-appointment from year to year. He is required to work at least half his time in the Department of Medicine under the direction of the Professor of Medicine and may hold another appointment at the Hospital or School. The present value of the Fellowship is approximately £420 per annum.

The Adrian Stokes Memorial Fellowship

*The Fellowship is open to registered Medi*cal Practitioners or Graduates in Science, Pathology or Bacteriology. Applicants must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure at a University, School or Hospital, or other institution, subject to the approval of the School Council, except the School in which he has received his medical or scientific education. The Fellowship is of the value of approximately £460.

BIRTHS

APPLEBY: On 3rd April, at Amersham Hospital, to Michael and Nina Appleby, a daughter, Rebecca Clare.

AVERILL: To Stuart and Christine, a daughter, Victoria Jane, a sister for Sally.

KNIGHT: On 25th March, at Ipswich Hospital, to Rosemary (née Dixie) and Michael, a daughter, Helen Louise, a sister for Sarah Jane.

PRESTON: On 10th March, in Victoria ward, to Muriel and George, a daughter, Harriet, a sister for Robert.

REEVES: On 7th March, to Gordon and Liffy, a son, Oliver Gordon, a brother for Sophie Emma.

SHARP: On 20th February, to Richard and Jenny, of Kingsteignton, Devon, a son, Michael, a brother for David.

CHANGES OF ADDRESS

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Sister Fern E. Jones, S.R.N., R.C.N.T., 2 Ruxbury Court, Cumberland Road, Ashford, Middlesex.

Dr. J. O. Laws, 4 Willow Brook, Longden, Shrewsbury, SY5 8EX.

Lloyd Rankin, F.R.C.O.G., and Audrey (née Charles), Herons, Barnston, Dunmow, Essex, CM6 3PP. Tel. Gt. Dunmow (STD 0371) 820268.

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MONTHLY TWENTY-FIVE PENCE VOLUME 89 NUMBER 2246

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

NEW CLINICAL CURRICULUM

The new Clinical Curriculum will undoubtedly exert a unique and forcible impact on the educational life at Guy's. This completely reorganised course for clinical medical students, which begins in October, has been in the process of preparation for well over a year and in this edition we present it officially and in full to our readers.

Because the present clinical students will have to convert to the new course, the traditional Firms will automatically vanish. Gone are the three-month appointments, gone is the choice of Firms, and perhaps most disappointing and worrying of all, is the loss of privilege in taking a two-week holiday when it is needed. At first sight, therefore, the senior medical student may see the end of his "best days" as a complete and unnecessary mess! Many students could not understand why they could still not finish their course in peace and be graciously spared the academic upheaval. Some felt that they had not been given enough warning, but even now, the picture is not entirely complete and its publication was delayed until the missing pieces had been put into place. This problem is distinctly bipolar and students should be aware of this. The teaching staff are probably affected to a much greater degree as they have had to compile rigid, systematised and serialised topic teaching sessions which involve a tremendous amount of organisation.

It should be stated here that Dr. Tim Clark, Dr. Brendan Hicks and the team in the Medical School Office, deserve a great deal of thanks and admiration for the way they have co-ordinated this immense and formidable programmme. This is an exciting and challenging time for all; a crucial period when both students and teachers will require patience and tolerance in order to develop and direct the new Clinical Curriculum in becoming the best in the country.

CHANGES—For better or worse?

We are constantly being informed that changes are necessary for progress, and the theme of this edition is no exception. We are pleased to announce the introduction of a regular Physiotherapy Column. We should like to welcome to our staff, Mr. R. J. Cooper, M.C.S.P., Dip.T.P., Principal of the School of Physiotherapy. It is our intention to introduce similar columns to cover the activities of other integral departments of the Hospital in due course.

One change to the face of Guy's that cannot be accepted is the recent daubing of the railings of the Front Square, and the main doors of the Medical School. This can only be considered as an act of extreme irresponsibility, despite the fact that they were painted somewhat patriotically in off-red, white and blue. The reason for this senseless action appears to have been the recent victory by St. Thomas' Hospital Boat Club over Guy's in the United Hospitals Bumps, as Guy's have been Head of the Bumps for the last three years. Not that one should lay direct blame on their Boat Club, but in any sporting event there is always an unruly element which is prepared to take the opportunity of carrying friendly rivalry to extremes and thereby causing unnecessary damage; we neither condone any attempt at retaliation.

Student rags, like practical jokes, are only amusing if they do not physically harm anyone nor cause any damage. Essentially they should not involve their targets in any financial cost, or, like an April Fool after midday, they will back-fire on the joker. Perhaps the answer is to make the perpetrators of these daubings scrape down and repaint the damaged areas, *pour encourager les autres.* Unless this small minority can be made to act reasonably, Society will turn against all students and, like the recent mysterious black footprints leading from Lord Nuffield's Statue to Nuffield House, our friends will cease to have anything to do with us.

GUY'S DIARY

The following clinical lectures will be given in the Anatomy Theatre at 1 p.m.

JUNE

2	M	Dr. B. G. R. NEVILLE
3	T	Mr. F. G. ELLIS "Deep Vein Thrombosis"
5	Th	Mr. R. DANIEL "The Optic Disc"
9	M	Professor J. N. HUNT
10	T	Mr. D. N. ROSS "Some Aspects of Congenital Heart Disease"
17	T	Mr. J. M. McARTHUR
19	Th	Mr. O. H. SHAHEEN
24	T	Major-General N. C. ROGERS "A Chapter of Accidents"
26	Th	Dr. C. HARDWICK
30	M	Mr. M. LAURENCE "The management of multiple injuries in a major civil disaster"

NEWS IN BRIEF

Royal Fellows

We should like to extend our congratulations to the following who were recently elected to the Fellowship of the Royal College of Physicians of London: P. Harvey, C. N. Mallinson, C. S. Ogg, W. M. Philip, J. L. Turk, M. D. Warren.

Dr. D. P. Nicholson

We are pleased to announce that Dr. David Nicholson has been appointed Professor of Medicine at the Wright State University of Medicine, Dayton, Ohio. U.S.A. Dr. Nicholson has held the positions of Associate Professor in the Department of Internal Medicine at the University of Texas Southwestern Medical School and Associate Professor in the Department of Medicine at the University of Kentucky Medical School, where he co-ordinated a National Heart and Lung Institute Grant. His work has been concerned with the management of asthmatics and pneumonia.

Dr. K. J. W. Taylor

We are pleased to announce the appointment of Dr. Ken Taylor, B.Sc., M.B., B.S., to the post of Associate Professor of Radiology and Director of Diagnostic Ultrasound at Yale University School of Medicine, U.S.A. Dr. Taylor recently left Guy's where he qualified and subsequently taught in the Anatomy Department. On behalf of his many appreciative students, we wish him all the best in his new appointment.

R.C.S. Prize Winners

Ws should like to congratulate J. N. L. Simson who was awarded the Hallett Prize for the highest mark in the Primary Fellowship Examination of the Royal College of Surgeons of England. The previous winner was also a Guy's man, as we reported recently, namely, Peter Mowschenson. We should also like to extend our congratulations to John Squire, who won the Hancock Prize for the best candidate in the Conjoint Surgery examination.

Errata

There was a printing error in the Passim of the April Edition ("Lack of Identity", No. 2244, page 112). In the last paragraph reference was made to the "Front Quad". The word "this" should have been "less". The Front Square is, of course, not a Quad but nevertheless still erroneously referred to as such.

The February 1975 edition number of the *Gazette* was incorrectly printed as No. 2242. It should have been No. 2243. The numbers of the March and April editions should, therefore, be 2244 and 2245 respectively.

South Wales and Monmouthshire Guy's Hospital Society

The twenty-fourth Dinner of the Society was held in Cardiff on Saturday, 15th February 1975. Dr. Glyn Davies was installed as President for 1975-76 and Mr. Guy Blackburn was the Chief Guest and Speaker. Seventy-four members and guests were present. Mr. D. G. E. Roberts was proposed and elected as President-elect. The twenty-fifth anniversary Dinner of the Society will be held in Cardiff on Saturday, 7th February, 1976, when it is hoped there will be an especially large gathering of all old Guy's men and women—all will be welcome. All those wishing to have further details of the Society please contact the Honorary Secretary, Dr. H. A. Thomas, Woodlands, Cwrt-yr-ala Road, Cardiff. (Telephone 0222-591469)

Officers and Guests present at the twenty-fourth Dinner reading from left to right: Mr. Hugh Harley, Mr. Jimmy Goodliffe, Dr. Tony Thomas, Dr. David Carnegie, Mr. Guy Blackburn, Mr. John McArthur, Mr. D. R. Edwards, Dr. A. M. Hutton, Dr. Glyn Davies, Mr. Morwenn Brown, Mr. James Mansie.

Remembrance Ball

The Summer Ball, commemorating the 250th anniversary of the death of Thomas Guy, will be held at the Cunard Hotel on Saturday, 5th July 1975. There will be a four-course meal, dance band, disco, cabaret and a tombola. Double tickets cost £10.0 (£8.50 for students and housemen). Further information is available from the President of the Clubs' Union.

Street Signs

We were interested to see in the April 1975 issue of the *Annals of the Royal College of Surgeons of England,* an article by Professor Jack Joseph on "*Movements at the hip joint*". By kind permission of the College of Surgeons we reprint one figure from the paper together with its caption. Fame is acknowledged in many ways and Sir William Arbuthnot Lane, a famous and revered Guy's surgeon, was honoured by a street being named after him. The whole figure is reproduced without further comment.

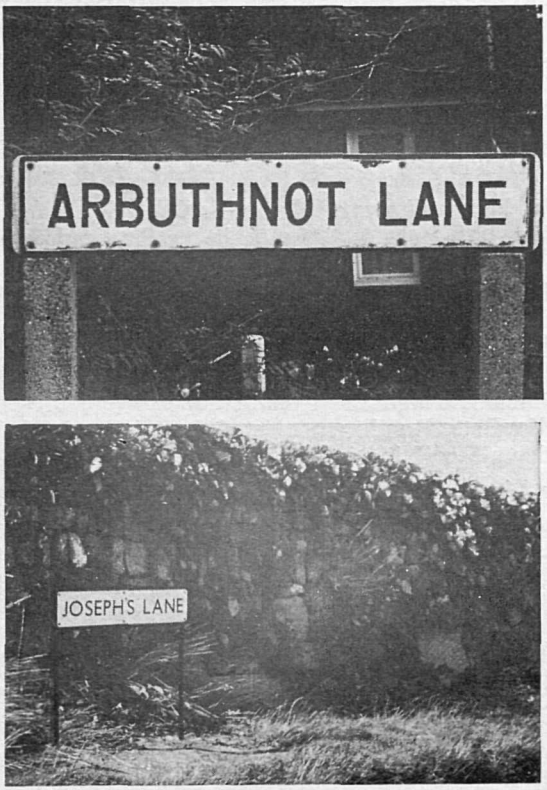

FIGURE 1. **(A) Arbuthnot Lane, Bexley, Kent, named after Sir W. Arbuthnot Lane (1856—1943), famous surgeon of Guy's Hospital.**
(B) Joseph's Lane, near Penzance, Cornwall. (This street has no connection with the author but it is the best he can do.)

Residents' Play 1975

The Residents regret that due to circumstances beyond their control they had to postpone the play in May. It is proposed now to hold the play between the 8th and 11th July in the new Greenwood Auditorium. Applications for tickets should be sent to Mrs. J. M. Webster, Keats House, St. Tomas' Street, (extension 3138), before the 20th June. Donations will be most gratefully received.

The New Telephone Exchange

On 17th May a new telephone exchange to serve Guy's, New Cross and St. Olave's Hospitals was put into operation. The telephone operators are situated in Guy's Tower. The telephone number of each Hospital remains the same, but the calls to St. Olave's and New Cross Hospitals are handled at Guy's. All extensions have 4 digits, those at Guy's begin with 2 or 3; 4 at New Cross and 5 at St. Olave's. Telephone operators cannot identify the number of any extension calling them so all users must tell the operator their extension number if they need to be called back. A new "Dial-a-Bleep" facility is available at Guy's only, where by dialling 7 followed by the three digits of the bleep required the bleep-owner can be automatically bleeped; by dialling 8 followed by the 3 digits of his bleep the owner can speak directly to the caller.

Guy's Genetic Club

Dr. F. M. Pope will give a talk on the "*Ehler's Danlos Syndrome*" on Wednesday, 18th June, at 4.45 p.m. in the Physics Lecture Theatre.

Guy's Hospital Physiotherapists and Radiographers Association

The Annual Meeting of the GHPRA took the form of a sherry party held in Shepherd's House on Friday, 9th May.

Eighty members and third-year students were present, and the President, Miss Betty Randles, presented the prizes awarded to physiotherapy students qualifying in 1974. These were :

Angove Memorial Prize—Miss Rachael Buckler—April 1971.

Trethowan Memorial Prize—Mrs. Linda Jackson (née Parr)—October 1971.

MacTier Memorial Prize—Miss Gail Hiscutt—October 1971.

Appointment of District Supplies Officer

We are pleased to announce that Mr. Nigel Vinayagum has been appointed District Supplies Officer.

Guy's Hospital Quarter Century Club

An inaugural meeting was held on 11th May, 1975, to celebrate the 25th birthday of Harm G.B. The aim of the Club is to imbibe no less than 25 pints of beer on a single day. Ten good men and true arrived at Wandsworth at midnight on Saturday, 10th May, and battle commenced. Details of the meeting will not be discussed here but further information, including details of membership, may be obtained from any club member.

We publish the results as an inspiration to prospective applicants.

Results: D. Cole, 25. D. Greaves, 25. G. Earnshaw, 25. O. Watson, 29. J. Fitzgerald Frazer, 32. J. McArthur, 34. N. Bardsley, 34. D. Haiart, 39. C. Ackner, 54.

Thomas Guy Remembrance

BALL

on Saturday, 5th July, 1975

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OBITUARIES

JEFFREY MURRAY ROBERTSON, M.B., B.S., R.N.V.R.

Jeffrey Murray Robertson, who died earlier this month, was a Guy's man of 1930 vintage—a quiet but determined Scot who kept his talents in reserve whilst a student and house officer, but flowered in the medico-legal world after return from war service in the Navy, mostly in H.M.S. Phoebe and much in very hot engagements in the Mediterranean.

After the war, he severed his connections with the Watford general practice he had entered on leaving Guy's, and, intent on Coronership as a career, read for the Bar and was admitted from Inner Temple in 1947. Dr. P. B. Skeels, himself a Guy's man, took Robertson on as Deputy in his East London area and saw him into what was then an essential "contact" with Sir William Bentley Purchase, the St. Pancras Senior Coroner. Surrey County was fortunate a year or so later to find Robertson's name among their "short list" and appointed him to the responsible position of Surrey Coroner —a post he filled with distinction for the next 20 years. He became immersed in medico-legal affairs, Member of the Council of the Medical Protection Society and of the Medico-Legal Society and for some years Editor of the Medico-Legal Journal. There was a nice quiet authority about his Coroner's Court, and those who appeared before him or worked for him—relatives, officials, police, pathologists, came away full of praise for this kind of coronership: it was entirely devoid of pomp and the desire for publicity that spoils some Coroner's Courts, showing a tolerance and humanity, yet thoroughness that always marked Jeffrey Robertson's public work. In the result, the Press left him largely alone, and bereaved relatives benefited in consequence. He much enjoyed his private and family life, married to a charming Guy's nurse of his own era (Eirwen Nicholas), and with a son and daughter both of whom qualified at Guy's.

Keith Simpson.

Dr. J. N. WATSON, M.R.C.S., L.R.C.P.

Dr. J. N. Watson qualified M.R.C.S., L.R.C.P. in 1907. He was one of the first Out Patients' Officers, following which he did H.S. at the East London Children's Hospital, Shadwell. In 1909, he went into general practice at Wootton Bassett and apart from some months at the beginning of the 1914-1918 war in the Royal Navy, from which he was invalided with a suspicious chest, he remained in active practice there for the rest of his days, retiring officially in 1959, but continuing to see patients until the day before his 90th birthday.

I think it could be said that he was one of the real old-time type of country practitioners in the best tradition and certainly was well loved by all his patients, who were his main interest in life. He managed to keep reasonably well up to date until stopping all work at 90. He married Eleanor Macfarlane (then Sister Job) in 1909, who died in 1959, and was very proud when his grandson, Neil, became the fifth generation of Watson doctors.

J.S.F.W.

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RAF officer
DOCTOR

MICHAEL HUTCHINSON

(Department of Anatomy, 1969-75)

Current and recent students, dental and medical alike, will share the regrets of many staff members, especially in the Department of Anatomy, over the resignation of Michael C. E. Hutchinson. Mike, as he was affectionately known to so many, qualified as B.D.S., L.D.S. in 1964 and as M.B., B.S., L.R.C.P., M.R.C.S. in 1968—a wide basic experience invaluable to his ability as a teacher. He took the Final Year Dental Prize in 1963 and qualified with Honours. In his medical courses he secured the Tewfik Prize in Anatomy and the Begley Prize of the Royal College of Surgeons. After a short clinical spell as house surgeon and physician, he was appointed as Demonstrator in Anatomy in 1969 and was quickly promoted to lecturer. He rapidly established a reputation for punctilious and lucid teaching amongst his colleagues and students. As the *major domo* of the Dissecting Room he was a perfectionist in protocol and cleanliness; the day-to-day control and organisation of examinations were faultlessly administered.

But it was not in these duties, nor in his teaching, that Michael Hutchinson displayed his greatest talents, although in these excellencies alone he stood high amongst the succession of most able young men who have served as demonstrators in this Department. It is his genius in the illustration of human structure that has made the greatest

impact. Not since the time of Joseph Towne, the creator of the famous wax models in the Gordon Museum more than a century ago, has any man added more prodigiously to the teaching armamentarium in this Medical School. But Hutchinson's talent is more multiform than Towne's (with the additional advantage of vocational knowledge, though of course Towne's models were guided by John Hilton's anatomical dissections). In the preparation of a superb series of over a score of skeletal displays, more than 200 brilliantly executed dissections, and a magnificent group of corrosion casts, 45 in number, of bronchial, ductual, venous and arterial "trees" ranging through many organs, Mike Hutchinson has shown a mastery of every technique involved, including the manufacture of their cases, with a professionalism of most unusual calibre. Like Joseph Towne, he had received no specific technical training; a natural dexterity and a resolution to push every technique to its experimental extreme were balanced by a deep knowledge and love of structure. Such preparations, when first seen (and they should be seen by all who value the many other high spots of excellence in this centre), conjure up visions of protracted and tedious labour; but Mike works with a surprising rapidity. His productive period was little over four years, during which he created more than 250 separate specimens, most of them large and intricate. (It is interesting to compare this with Towne's output of 450 surviving items, spread over 50 years.) The Hutchinson Collection, as I like to consider it, though not yet housed in the Gordon Museum (as it may be one day), compares most favourably not only with the Towne Collection, but even with the superb forensic and pathological collections, with which it would be difficult to link individual names, though Russell Brook and Keith Simpson must be mentioned.

Though at first curiously averse, in such a practical man, to any form of "research", Michael Hutchinson had recently applied corrosion technique to a study of atrial arteries in a series of 50 injected human hearts, adducing most valuable observations, already well-known to colleagues, many students, and a few cardiac surgeons even before publication. His abundant curiosity was already drawing him to other problems, and he would undoubtedly have progressed to a position of international eminence in anatomy; even as a junior his outstanding abilities were well-known outside his own school. Genius has been characterised as "the infinite capacity for taking pains", and Mike Hutchinson's talents were in this spirit abundantly given to this Department, thus enriching and embellishing his own School. Few schools enjoy the benefit of such rare gifts, and fewer still can expect another such exponent except at long and uncertain intervals. Michael Hutchinson has left an indelible memorial to his efforts amongst us, and I am grateful to be the one given the opportunity of recording the gratitude and affection of his colleagues and students, and of wishing him equal success in his further career.

Roger Warwick.

THE SECLUDED PATIENT SYNDROME

by M. J. Timmons

During the past two years, spent in two teaching hospitals, other hospitals and a general practice, I have learnt something about how to listen and talk to patients from the explicit teaching of a few people and also by seeing how doctors and students actually deal with patients. Most of what I have seen has been impressive. In contrast to this, there have been occasions when I have learnt what not to do; occasions in which there has been a lack of essential communication between doctor/student and patient, so that the patient leaves with questions, fears and worries, that he wants or needs to make known, either unexpressed or expressed in some form but not acknowledged, in any way, by the doctor/student. In one sense, the doctor/student and patient never meet on these occasions and the patient remains secluded in a world of his own. So distinctive is this phenomenon that I propose to call it "The Secluded Patient Syndrome".

The seclusion can be verified by observing how the patient talks and behaves when seeing the doctor/student and, if necessary, talking to him later to find out what has been incompletely expressed or not expressed at all (thereby also relieving the patient from his isolation). The significance of The Secluded Patient Syndrome is that what is left undisclosed is how the patient reacts to his illness and the problems related to it, so that failure to bring the patient out of seclusion is failure to treat the person in question fully. This results in a waste of time, energy and money, and in some respects makes all the activity that the patient initiates in those around him singularly pointless. I think it is thus worth attempting to prevent this syndrome, not because it is a matter of life and death but because it is a matter of what is excellent as opposed to what is merely adequate. If anyone should still want to say "Why bother to prevent it?", the answer is to be found in the reply to "What's the point of doing medicine?".

Much of what I have written above has been said before in one form or another, yet what is rarely discussed is the cause of this syndrome. Since an understanding of the factors behind the syndrome may help to prevent it, I want to turn my attention to its aetiology.

Certain features of both the patient and the doctor/student are involved in bringing about the seclusion. First: although one must not assume the presence or absence of patients' feelings and attitudes without some evidence for one's assumptions, it is true to say that the patient may be unable to perceive his difficulties clearly—though they are no less real for that. Next, if he has perceived them, he may be unable to describe them clearly or may not want to discuss them; sometimes this is because the patient considers he can cope with them (by my definition, he is then not a "secluded patient"), but it may be because he is too embarrassed or thinks they are silly and so

does not want to waste the doctor's/student's time. (How did doctors come to be regarded by some, as people one should not talk to?) Finally, even when they are not faced by obstacles like these erected by the patient, some doctors/students can still leave the patient in unwanted seclusion. In such cases, I have noticed that the doctor's/student's approach is one or more of the following: pensive, passive, practical, patronising, or proud. I want now to consider each of these categories in turn; for the sake of brevity I have left out specific examples, with one exception which demonstrates the lowest level of medical practice.

1. *Pensive :* The pensive doctor/student has little time to consider the patient's problems for he is too concerned with himself, the image he is projecting and whether the patient is reacting to this image in the way the doctor/student feels he should react. He lacks self-confidence and unfortunately he may compensate for this by adopting one of the other four attitudes.

2. *Passive :* The passive doctor/student is not to be confused with his exemplary colleague who happens to be concise and soft-spoken. The passive type appears to be afflicted with severe *ennui* and shows no interest in either his work, the patient or himself. He deserves our sympathy and his patient deserves still more. One might, perhaps, include in this group those who go through the ceremony of airing suitable phrases which could prevent seclusion, but with such indifference and allowing the patient so little time to respond that the phrases are made wholly ineffective.

As with the other groups, the passive doctor/student may correctly diagnose and treat the medical condition of the patient. It has to be admitted that by doing so the doctor/student shows concern for the patient; what is wrong is that if the patient remains secluded the concern is simply inadequate.

3. *Practical :* Unlike the passive doctor/student, the practical man is very energetic and enthusiastic about the "technological" aspects of the patient's illness but neglects the rest. Not only is the patient secluded, he may also be reduced to being nothing other than "an interesting case of .....". (The "Interesting Case Syndrome" is a fascinating topic that I regret I cannot deal with now since it requires a whole article for it to be satisfactorily covered.) Of course what I am not suggesting here is that a "technological" approach necessarily leads to The Secluded Patient Syndrome; the "technological" and "non-technological" parts of medicine can be and have been successfully combined.

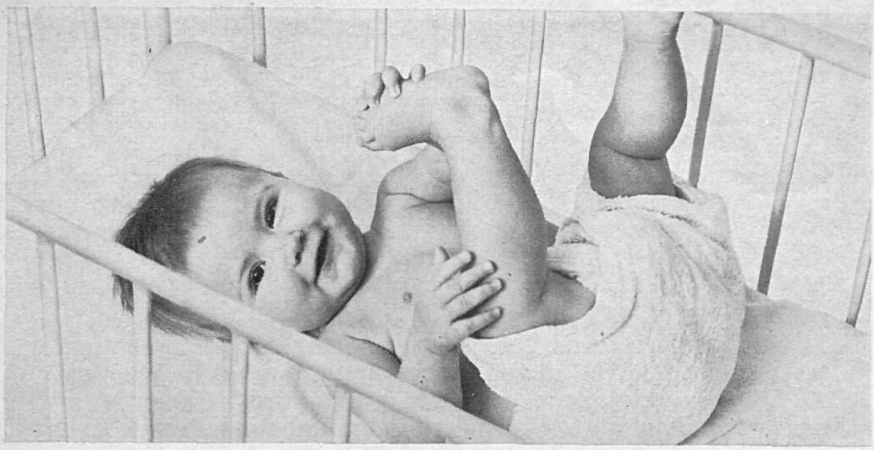
4. *Patronising :* In its mildest form, the patronising approach is of the "Don't worry, you won't understand, we'll take care of everything" kind, which I have been told can be very irritating and unhelpful. A more extreme form of this approach is a curious performance in which, in addition to the use of patronising expressions, the voice oscillates in a monotonous rhythm about a higher pitch than normal, in a similar fashion to the way that some people talk to pets and small children. (It is significant that some small children find this manner of talking absurd.)

5. *Proud :* If a doctor/student acts competently with sympathy and courtesy, he can generally expect the respect and gratitude of patients. The proud doctor/student behaves as if respect is owed him, whatever he does, and as if, in his opinion, the patient should be very grateful that he is prepared to devote some time to him. I came across an amazing example of this one day in an out-patient clinic, during which a patient came into the room and, on seeing that there were a number of other people—students—with the doctor, said that he did not want to talk about his problem in front of anyone other than the doctor. Now the question of students' involvement with patients is a complicated one, but I hope that no one would suggest that the doctor here had the right answer to it. First he brusquely told the patient not to be so silly. When the patient, who throughout remained nervous, apprehensive and subdued, persisted in his demand to be seen alone, the doctor disdainfully told him that if that was how he felt he ought to go to another hospital for he would not be treated in his clinic; whereupon the patient left, unknown, untreated. What can I say? *Dare quam accipere?*

There will always be irremediable fear and anxiety, and doctors/students, for their own preservation, will always have to keep some distance between themselves and their patients. Even with these limitations, patients can benefit more from their encounters with doctors/students than they now do. I have tried to analyse some of the factors that stop patients from being helped as much as they could be, with particular reference to The Secluded Patient Syndrome. For The Secluded Patient Syndrome is a sign of failure, a sign of an incomplete piece of work; we should therefore be continually trying to prevent it.

I have only discussed five kinds of behaviour, avoidance of which would reduce the frequency of the Syndrome. The next important step in the analysis of ways to prevent it is to produce a full, balanced account of the various methods it is necessary to choose from in order to ensure that the patient is not secluded. With my present experience I cannot do so, though there is no intrinsic reason why such an account could not be given. I am at the moment acquiring a selection of techniques which other people have shown me to be useful; techniques such as always making a definite expression of sympathy to the patient about the trouble that has made him go to see a doctor, and questions, when appropriate, like "What did you think was happening to you?" (perhaps leading on to: "Did you think you were going to die?").

Having read this far, some may say all this is obvious. I agree; obvious to many. But from my own observations it just is not obvious to everybody. Moreover, we may show we understand all this by what we say, yet do we demonstrate our understanding in what we do? It is always worthwhile reminding ourselves that when we are assessing the patient and his illness we need to assess our own reaction to the patient.



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Multiple Choice — A Sign of the Times

Multiple Choice Questionnaires now account for a substantial proportion of the 2nd B.M.S. examination schedule and, as such, it is time to examine their aims and effectiveness as a means of assessing a student's ability. It will be argued that M.C.Q.'s lower the general "tone" of the course, that they are unreliable and that they cannot be defended by the traditional arguments used to support them.

The proliferation of M.C.Q. examinations surely blows the myth that the 2nd B.M.S. should be considered a university course. M.C.Q.'s test knowledge of facts and ignore individual opinions, and therefore fields of knowledge where individual opinions may be upheld. This is a fatal omission from an examination system, for as Mill pointed out, the truth depends upon controversy and differing opinions; and a student's opinions are essential to his identity, his development and his self respect. Obliteration of the individualistic side of learning, by ignoring it in later assessment, stifles creativity, encourages positivity and has effects upon both intellect and personality. Facts, where they exist, are neither sufficient nor necessary in the creation of a good doctor or satisfied person, given a minimum accumulation. M.C.Q.'s, it will be shown, do not even test for this minimum accumulation of facts. Furthermore, most of the facts learnt at 2nd B.M.S. level are soon forgotten, which argues for a concentration on the principles behind the facts. 2nd B.M.S., except perhaps in anatomy, should be seen as a grounding in medical approaches, systems and principles as many have said, and as such, the examinations might be expected to test whether such systems, principles and approaches had been intelligently assimilated. M.C.Q.'s touch only indirectly on principles, on opinions not at all—thus insulting the personalities and intelligences of both the teachers and the students.

M.C.Q. tests looked at from a more technical angle involve recognition of a more correct alternative. Hence the important processes involved in normally producing one's knowledge (e.g. editing, organising) are omitted in this artificial situation. In order that the average student should score around 50%, it is necessary that the questions should be set on the perimeters of his knowledge, so that he shall answer some questions correctly and some wrongly. This means that the central body of the average student's knowledge, and thus his knowledge of very basic principles, is rarely tested. Inevitably poor and moderate students will not be differentiated, and the minimal accumulation, already mentioned, will not have been tested for. The foregoing argument would not apply if M.C.Q.'s were more strategically divided into sections (say three) of different levels of difficulty and by this means, performance on really important questions could be differentiated from performance on less important ones.

One argument for introducing M.C.Q.'s was that there are many important facts in medicine which have to be known. The argument above shows how M.C.Q.'s fail to test for these facts, but it might be pointed out that there are not as many facts of a *yes/no* variety as it might seem. Answering *yes* or *no* to a question such as *"Is contraction of the atrium important in heart function?"* is almost on a par with *"Have you stopped beating your wife?"* The argument that M.C.Q.'s save time is frankly frivolous—(questions take a long time to prepare, have to be discussed in detail with ambiguities being removed, maimed cards have to be examined individually and all this before the perplexing struggle to ensure that we all get within 5% of 50%). That staff time in examination has become such a large factor brings us to "the heart of the matter"—the need for less examination time and less frivolous methods of examination.

Continuous assessment, now better termed continuous examination, reared its glossy 20th century head in response to the "intolerable strains and unfairnesses" of the old 2nd M.B. exam. Its premises was that a student is better judged by those teachers in constant contact with him, than by the synthetic, impersonal and frightening ritual of the exam room. Such a system works only, where small and frequent tutorial groups are possible—and at Guy's the staffing situation does not permit these. Therefore we are left with a rather hybrid form of continuous assessment, which keeps the exams (but in greater quantities), keeps the stresses (but these are now continual rather than once every two years) and has even managed to keep the impersonality of the old system (numbers only on exam papers). Unfortunately the ideals behind the present system have disappeared with its realisation and this, together with the ludicrous situation regarding re-takes, calls for some kind of compromise between the two extremes. Perhaps a system with a set of exams at the end of each year, mutually exclusive in content, but additive in performance, might fill the bill; and leave us with sufficient time to learn, if but a little, medicine.

Michael Dixon.

Editor's note: Michael Dixon is a first year 2nd B.M.S. student. This is his entry for the *Gazette* prize we announced in the March edition (No. 2244).

PHYSIOTHERAPY

STATE OF CRISIS

To the onlooker, it might seem inappropriate to write of physiotherapy as being at a point of crisis at this present time. Nationally, the recommendations in the Halsbury Report on the paramedical professions have brought a much-needed improvement in salaries, and, for the majority, in conditions of service as well. Locally, Guy's has recently shown awareness of the existence of workers and students other than doctors and nurses. It is gratifying to see a reflection of this in the *Gazette's* decision to create a regular Physiotherapy column. Despite these encouraging signs, however, it remains true that the future of the profession is at risk.

It should be axiomatic that a profession is as good as its teachers —despite the familiar Shavian epigram. Up to the publication of the Halsbury Report, teachers, though numerically by no means sufficient, did at least enjoy a relatively less disadvantaged position vis-a-vis their clinical counterparts, and there was a steady trickle of applicants for the two-year diploma course leading to the teaching qualification. They were encouraged to read in the Report that it was felt desirable to make teaching more attractive by making their position roughly comparable with that of other teachers in comparable educational circles. But reality turned out to fall far short of the avowed intention.

What has happened is that the holiday "differential" has been removed—and no teacher will demur at the propriety of increasing the clinical grades' holidays, but they find it hard to accept that their conditions should not have improved comparably—and that, in salaries, they have slipped back very badly by comparison with the upper levels of the clinical grades.

It might be argued that the service grades, who actually treat the patients, should be better rewarded than those who merely teach, although, in the profession, this view does not have many takers. But if it is held to be so, how can it be believed that people will leave the service grades—where their prospects of becoming a superintendent must be quite good—in order to study for two years longer and finish up on a lower salary scale? True, Principals are paid more than the top service grade salary, but the prospects of becoming a Principal are relatively poor.

The Diploma Course is aimed at ensuring that not only does the teacher understand her subject—she must incidentally have at least two years of clinical experience before she can enter the course —but that she is also familiar with teaching methods, and any who have taken the course know it to be a demanding one. Rightly so, if we are to maintain high educational standards for our physiotherapists. But what will now induce the experienced practitioner to submit herself to this extra demand when she will be the financial loser? After all, the vast majority enter the profession to treat patients, not to teach.

Administrators, doctors, nurses, all should be aware of the facts. Principals have no financial incentive to take in more than 15 students a year (Guy's averages over 40) and, with present staff-shortages, every reason not to do so. The recruitment of teachers is bound to fall, and the wastage of teachers returning to clinical practice will inevitably rise. We could well find ourselves, within the next five years, with an acute shortage of qualified physiotherapists and forced to rely heavily on aides and helpers.

Some see this as a deliberate policy and believe that it has been officially decided to downgrade physiotherapy to the "helper" level. Whether policy or ineptitude, the result will be the same unless the gap between Halsbury's declared intention and practical outcome is bridged.

NURSING

THE SPECIALIST NURSE

In these days of rapid advancement, and therefore increase in knowledge, it has become necessary for Doctors to confine their practice to fairly narrow fields of Medicine in order that they can remain fully informed on their subject. Not surprisingly, this trend has filtered through to the Nursing Profession, and increasingly one sees that they also are confining their activities to more limited spheres.

Until relatively recently, there were only a few specialities for which one could obtain training, and two of them stood as full qualifications in their own right, namely Paediatrics and Psychiatry. Nowadays, however, there are many more. In fact gaining State registration merely serves as a licence to pursue one's main interest.

There has, of course, been a great deal of controversy over the question of whether nurses should specialise in one field of practice. There is still a strong element of opinion which is antagonistic to the idea. These people claim that one can acquire knowledge merely by working in a particular area. Often these are people who are too indolent to spend extra time in training. One medical consultant, however, epitomised the situation recently, when he commented that the nurses who do specialise are the only ones who are either interested in their work or fully competent to undertake it.

If then it is going to be increasingly necessary to determine one's main interest, and then obtain the relevant training, how should nurses be taught whilst pursuing their studies for State registration?

It is the practice in most schools of nursing for all the tutors to "dabble" in everything, teaching as many as five radically different subjects during the course of a day. The result is, that they teach authoritatively on nothing. When teaching, one draws for examples on past experience, and if that is non existent, the quality of teaching is lowered. Moreover, if specialist teaching in the classroom is combined with teaching in the appropriate wards, not only does the quality improve, but the tutor is a great deal happier. A rider to this also, is that the trained staff, having become familiar with her visiting frequently, will also utilise her knowledge, as she will theirs.

The specialist nurse is clearly here to stay, and must be trained to a high standard in order that she can work intelligently with her medical colleagues, not on a master and servant basis, but as an expert in her own right. Therefore this must be extended to those nurses who are not actually working all the time within the wards.

Gradually, the post-registration courses are evolving, but if senior nurses were able to teach well on their own subjects from an early stage in the training of student nurses, maybe interest in a particular field would be inculcated, and thus recruitment improved. The final result then might be, that nursing standards and patient welfare would also show a marked improvement, and this surely could only be beneficial to everyone.

INTERIM S.M.E.C.

A moral question in modern medicine is whether one should resuscitate a patient with a poor prognosis. At the beginning of the academic year many felt that S.M.E.C. had an extremely poor prognosis and wondered if resuscitation was justified. Indeed, it is a serious matter to re-introduce yet another committee to an institution already crammed full of them. In this progress report we hope to outline some of the activities of the Student Medical Education Committee over the last eight months which we feel has justified its resuscitation.

S.M.E.C.'s members are elected by the student body, and from this co-ordinating committee some are appointed to serve on the various committees and working parties of the Medical School concerned with educational matters. It is essentially apolitical and totally independent of the union, and this, together with the fact that its members are elected from all sections of the student body, enables it to represent students on educational issues and to provide a feedback of ideas and opinions between students and staff.

In this academic year the planning of the new Clinical Curriculum and the operation of the Basic Medical Sciences Course have been the main areas of discussion. There are student representatives on the Working Parties and Committees dealing with the new Clinical Curriculum, and student views have been taken into account in every aspect of its planning.

S.M.E.C. has also been involved in trying to improve parts of the clinical training in operation at present. There has been a discussion with the Director of Obstetrics and Gynaecology about the teaching in that Department. From this it was agreed that the old course at Guy's should be reduced from thirteen to eleven weeks, so that the extra fortnight could be spent away from Guy's at regional hospitals. This would allow students to see more clinical material and have more first-hand experience. The Director explained that more emphasis is now being placed on Gynaecology than Obstetrics in undergraduate teaching. He agreed with the suggestion that in future, more advantage should be taken of the Family Planning Clinics by Gynaecology students. S.M.E.C. also suggested that a lecturer be appointed to the Department with responsibilities as tutor to co-ordinate tuition and the use of sector hospitals.

There was also a discussion with the Director of Surgery about standardising the teaching on the surgical Firms. There has been correspondence with the Departments of Microbiology, Pathology and Clinical Pharmacology about the provision of courses for the present first year clinical students with the introduction of the new Clinical Curriculum.

There has been considerable feedback on the Basic Medical Sciences Course. At the beginning of the Easter term a survey of student opinion on the examination system and aspects of the course was undertaken. From that survey it emerged that students felt the co-ordination and integration could be improved, but they preferred

continual assessment. At the end of that term S.M.E.C. produced a report suggesting specific areas and ways in which it felt the course could be improved. A reduction in formal teaching time was proposed, and it was urged that this could be done if the unnecessary overlap and repetition in the course was cut out. Much of this overlap was due to lack of co-operation between departments involved in the course, and it suggested that for each system or topic studied a "convenor or controller" be appointed whose function would be to make sure that, within that topic, lecturers involved knew the content covered by other departments and that the content of each topic be planned in its most coherent form.

The report advised that a start in topic teaching would be to introduce a controller for a topic such as "The Membrane" in the first term and for a controller to be appointed to organise the neurosciences system in the fourth and fifth terms.

Within the context of topic teaching and the need for increased specification of content, it was felt that "Objectives" and M.C.Q. "self-tests" would be useful. One department already provides M.C.Q.s each week as part of their teaching, and as students find this useful, it was suggested that it be extended. Examples of content units in Anatomy and Biochemistry, with objectives and M.C.Q. self-tests, were provided for the B.M.S. Working Party.

The report also suggested that the major subjects should pool a considerable proportion of their practical time which could then be used for projects undertaken by the students. This would be an extension of the idea already practised in the Physiology Department, but would give students more time to tackle the project and a wider range of possible subject matter. The projects could then form part of the student's assessment. Other suggestions made in the report were that some of the time spent on Genetics, Medical Physics and Statistics be cut by greater integration with topics and with the major subjects, and that more use be made of demonstrations during dissection time in Anatomy.

A meeting is being arranged, at the time of writing this article, to discuss the B.M.S. course with the Heads of Departments of the major subjects and with some members of the B.M.S. Working Party.

Increased student involvement in providing a feedback of ideas and opinions is essential if the new courses are to be an improvement on the old. Examination results can give a quantitative assessment of the effectiveness of the teaching, but only those being taught can give a qualitative assessment. On this issue, therefore, reasoned and informed student opinion must carry considerable weight.

G. W. G. Vevers *(Chairman, S.M.E.C.)*
J. P. O'Hare *(Secretary, S.M.E.C.)*

BOOK REVIEWS

"Biochemical Values in Clinical Medicine" by R. D. Eastham. Pp. 237. Price £2.00. Published by John Wright, Bristol.

This handbook has had a number of new editions since it was first published in 1960, and the latest edition has just been released. It gives the normal ranges for biochemical investigations together with short notes on the method of carrying out the more elaborate tests and on the various abnormalities which may be found.

Its main value to the Pathologist is as a quick reference source to tests with which he is unfamiliar. The value to the Clinical Doctor or Medical Student is limited because nearly all laboratories give normal ranges for their methods. It is particularly unfortunate that this edition has been published just before the National change to S.I. Units. The book gives values only in the present units and a conversion factor with which the new units can be calculated. The useful life of this edition will therefore be short.

J. Liddell.

"Introduction to Medical Genetics" by J. A. Fraser Roberts. Sixth Edition. Pp. 310. Price £3.50. Published by Oxford Medical Publications.

Although most medical students feel that they do not have enough time to study any subject in depth, it would be a mistake for students not to get to know this book. The style is clear (and elegant) and no previous knowledge of genetics is assumed. The layout of the book is mainly based on mechanisms of inheritance, but the approach is never far away from practical clinical problems. There is a separate chapter on blood groups and an extremely valuable chapter on "The Gene in Action".

Dr. Fraser Roberts is a consultant at Guy's and one of the leading geneticists in the world today. The success of his book can be gauged by the fact that the Oxford University Press have now launched its sixth edition. There is probably no comparably excellent, clear and attractive introduction to medical genetics. The book can be strongly recommended for preclinical, clinical and postgraduate studies.

R. G. Spector and G. W. G. Vevers.

"An Introduction to Electrocardiography" by John Hamer. Pp. 125. Illustrated. Price £2.75. Published by Pitman Medical, London.

This short text is intended as the first introduction to electrocardiography for medical students, coronary or intensive care nurses, or general practitioners planning to take their own electrocardiograms. It will certainly serve this purpose admirably, and indeed many readers may well feel that no further text is required once this one has been digested.

The style of writing is a masterpiece of conciseness combined with clarity and comprehensiveness. The electrophysiological basis of the subject is well described and there are good accounts of topics of such recent interest as "the hemiblocks" and re-entry tachycardias. There are only 65 figures but these are so well chosen that all the major patterns are illustrated.

It is a pity that the publishers do not deserve the same praise. The choice of a horizontal format seems unnecessary and unhelpful. The reviewer's copy was made up badly with sections of pages duplicated and others missing. On many pages also, the type appears at a distinct angle to the horizontal, producing a vertiginous effect on the reader. A list of references is clearly unnecessary for an introductory text like this but surely an index would be helpful. The price (£2.75) is not unreasonable by current standards but for a small book intended for nurses and students a paper-back presentation at a lower price would seem more appropriate and might have been expected to ensure the wider circulation the contents deserve.

Dennis Deuchar.

AN INTRODUCTION TO THE NEW CURRICULUM

The starting point for the revision of the *Basic Medical Science* (BMS) curriculum was a generally welcomed change in the University regulations, and in particular, the inclusion of five new subjects. These were Psychology, Sociology, Genetics, Medical Statistics, and Medical Physics. The School faced the decision of whether to attempt compression of these subjects into the then existing five-term "Second M.B." course, with retention of the pre-clinical class, or to move to a six-term Basic Medical Science (BMS) course enveloping the preliminary clinical training. Having opted for the six-term BMS course (followed by a University "long vacation" and re-start in October), the School decided to lower the barrier between "clinical" and "pre-clinical" subjects and introduce some informal integration. Mr. Sullivan describes elsewhere in this issue the structure of the new BMS course, with its new content, inter-departmental collaboration and basic "clinical" training.

Most of the changes embodied in the new *Clinical Curriculum* are the result of agreement to work towards particular aims :

1. Students should enjoy the benefit of a wider range of clinical teachers, including all the major specialties, something which is virtually impossible on the present scheme of two three-month firms in Medicine and similarly in Surgery. Thus the three eight-week units emerge. The shorter firms will be more intensive and subject to virtually no distraction from patient-based work. Bedside teaching will have pride of place in the firms.

2. A system-based course of training, providing it does not become a substitute for bedside teaching, has much to commend it and has constantly been requested by students. A parallel series of system-based topic teaching sessions, three per week, has therefore been built in as the only "exogenous" item in the timetable of the Medical and Surgical firms.

3. The benefits of learning in a group of exclusively "junior" or "senior" students will outweigh the losses. So the new small firms will be homogenous in terms of length of experience.

4. The matching within firms of teaching by various departments has evolved patchily over the years, and the new arrangements as far as possible bring together the relevant specialists (e.g. Obstetrics and Gynaecology with Urology and Venereology).

5. The experience of medical care outside a teaching hospital is a valuable and necessary component of training and our plans include a considerable increase in time allotted to learning in the setting of general practice and the District General Hospital.

6. Pathology is such a critical element in the understanding of physical disorder that a thorough grounding in the subject seems desirable as early as possible in the Clinical course. This argument is limited by the fact that in the absence of clinical experience the subject can lose much of its interest. Hence the new Pathology Course

MONTH :	OCT.				NOV.				DEC.				JAN.				FEB.				MAR.				APR.				MAY				JUNE				JULY				AUG.				SEPT.			
WEEK :	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52

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is located at a hopefully "ideal" point, four months into the clinical period. The average student should have passed his final examination in Pathology by July of the First Clinical Year.

7. Another major factor, a consequence of the changes in the BMS course rather than a positive decision, was the fact that in future there would be a single entry each year into clinical training, totally different to the "staggered" entry usual hitherto. The new arrangements will allow us to keep the size of the standard firm at no more than ten, once the period of overlap between old and new curriculum has passed.

The new curriculum is designed to achieve balance between practice and theory, between learning in the community and the specialist unit, between humanity and intellect. Some flexibility has been lost: the pathways through the course and the syllabus are firmly defined and, outside the Electives and the Regional Appointments, the student choice of firms will be very limited. But flexibility will be retained for the whole curricular design. Medical care, hence medical training, is in a dynamic situation and the revised curriculum will need regular supervision and review. We should start planning its successor now.

T. J. H. Clark.
B. H. Hicks.

THE BASIC MEDICAL SCIENCES AND PHARMACOLOGY COURSE

The old 2nd M.B. course has gone. Two years ago we had the first intake for the Basic Medical Sciences Course and Pharmacology (the BMS Course). This followed a change in University regulations which required that we introduce new courses of Genetics, Biometrics and Statistics, Sociology and Psychology into the preclinical period. After a great deal of discussion by the Curriculum Committee which consists of the heads of all departments and many other teachers and student representatives, it was decided that, rather than merely graft on some extra teaching to cover the new subjects, a radical reorganisation of the preclinical course would take place.

In place of the old 5-term 2nd M.B. course followed by the clinical introductory class, the new course would last six terms and the clinical teaching would be integrated into the course. In addition to the new subjects mentioned above, it was also decided to have separate, mainly inter-departmental, courses in Cytology, Histopathology and Pathology, Human Reproduction and Development and Medical Physics. The allocation of hours between the various subjects is shown in Figure 2 which compares the old and new courses. The allocation of hours is based on six ten-week terms of 25 hours formal instruction. In practice, not all of the hours are allocated, and in four of the terms there are only nine weeks of formal teaching.

The layout of the course was to allow the maximum possible amount of integration between subjects.

In the first year Anatomy, Physiology and Pharmacology deal with the cardiovascular system, respiratory system, gastro-intestinal tract and renal systems. The Biochemistry Department deals with general and physical biochemistry and general metabolism. The whole of the Genetics course is taught in the first three terms, Biometrics and Statistics in the first term only, Medical Physics in the second term only, and the Human Reproduction course and Cytology/Pathology courses are spread over the whole six terms.

In the second year Anatomy, Physiology and Pharmacology deal with Endocrinology and the nervous system to the end of the fifth term. The Biochemistry course essentially ends by the end of the fourth term. Psychology is taught during the three terms of the second year and Sociology in the last two terms only. The sixth term includes courses in Clinical Anatomy and Clinical Pharmacology.

The clinical teaching, which is under the direction of the Clinical Tutor, the Surgical Tutor and the Professors of Medicine and Surgery, covers the whole six terms. During the first year it involves mainly clinical demonstrations for only two hours per week, but it increases to six hours per week by the sixth term and in all, is comparable in extent with the four major subjects of Anatomy, Physiology, Biochemistry and Pharmacology.

FIGURE 2

PRECLINICAL COURSE—Percentage of time allocated to subjects.

	Old (2nd M.B.—5 terms)		**New (BMS—6 terms)**	
	Hours	% time	Hours	% time
Anatomy	520*	40.3%*	290	19.3%
Physiology	205	15.9%	200	13.3%
Pharmacology	245	19.0%	160	10.7%
Biochemistry	260	20.2%	200	13.3%
Clinical	60	4.7%	180	12.0%
Psychology			40	2.7%
Sociology			40	2.7%
Statistics			20	1.3%
Genetics			40	2.7%
Medical Physics			20	1.3%
Human Reproduction and Development			60	4.0%
Cytology (Histology) and Pathology			120	8.0%
Unallocated			130	8.7%
TOTALS	1,290	100%	1,500	100%

*This may have been an over-estimate as it includes some time allocated to dissection or tutorials, and some to "general" tutorials, which may have been used by other departments.

The examination system was also completely changed, and a rather complex system consisting essentially of a large number of small examinations was introduced. The intention was that students would be examined at the end of each term in that term's work. By allowing compensation within and between subjects it was hoped that a satisfactory non-traumatic examination scheme would result.

How has it worked?

The first intake of students in October, 1973, has not yet completed the full course so it would be very premature to draw any conclusions. It has really taken nearly two years before some members of staff have realised that the course has changed. Some departments have tried to teach the old 2nd M.B. course irrespective of the time allocated to the new subjects and have complained that the standard of achievement is not as high as in the past.

Many members of the teaching staff feel that the students are so occupied with the demands of the time-table that there is a lack of that involvement and interest in a subject which comes from the opportunity for leisurely contact between staff and students.

The strongest feelings expressed concern the examination system. Some members of staff think that multiple examinations lead to an artificial fragmentation of holistic subjects. Others feel that the students are so continually obsessed with pending examinations that they cannot enjoy what should be an enjoyable experience. Two student surveys have shown that the students seem satisfied in general with the new examination system.

It has already been decided to make some minor modifications to the course layout and examination time-table to reduce the load on the students. No doubt other modifications will take place over the next few years before the scheme is finally considered reasonably satisfactory.

F. M. Sullivan.

THE STRUCTURE OF THE NEW CLINICAL CURRICULUM

There is no escape from the fact that the "new" curriculum at Guy's contains much that derives from the old, but the "traditions" which have been retained and strengthened serve valuable ends. The tradition of apprenticeship places the student in the health care team, involves the student in problems, in management, in real people. The motivation in such situations can rarely be equalled by other teaching methods, and the new firms will aim to restore that feeling of complete clinical involvement. To make the task easier, distractions from the work of the firms will be minimised. The commitment to in-situ learning will be virtually total. The "tradition" of bedside or, more literally, "patient-based" teaching and learning will thus continue to be encouraged.

Some sorts of understanding and factual learning are best achieved in other settings, and sections of the course will naturally be

assigned to learning away from the patient. The major session in Pathology is placed so that each student will have had some clinical experience, and thus see beyond the histological section and the specimen to the whole disease. The Systematic Scheme of Clinical Instruction, streaming through the medical and surgical firms, will survey the clinical "syllabus" from an alternative, more ordered, but less personal viewpoint.

This gentle emphasis on traditional qualities is meant as no sop to conservatism, but it should reassure those who have sincere anxieties regarding the major innovations.

Figure 1 summarises the new structure. Although we will concentrate on discussion of specific points, some general points should also be made. The class, of around 120 students, can be seen to split into six streams for the medical and surgical firms, and into four streams for the Second Clinical Year. The complete class is involved in a dedicated course in Pathology, discussed by Dr. Turner on page 172, and in the Systematic Scheme of Clinical Instruction, discussed below. The clinical course has a duration of 32 months, usually concluding with the clinical examinations of the London M.B., B.S. in June of the Third Clinical Year.

Medical and Surgical Firms

The six streams represent for the most part pairs of firms which will share attachments to specialist units or departments. For example, three pairs of medical firms will exist, such that :

(a) the main learning "unit" will not include more than ten students;

(b) all the students will have the same length of clinical experience;

(c) each Guy's student will be involved for at least eight weeks in the work of all the major clinical specialties.

This is achieved through a deliberate policy of pruning from the timetable of clinical attachments the various lecture courses and rotations and casual holidays that currently interfere with the work of the firms, switching to an eight week duration in which only the Systematic Course will co-exist. Figure 3 illustrates the tentative scheme for the Medical Firms. Each student will experience each of the pairs, passing up or down the left or right hand column of the Medical Firms, gaining during his whole course a balanced experience of the general and specialist medicine of the Group.

Although the details of the Surgical Firms have not yet been published, one of these firms will be an "Intensive Care Firm". This will also include training in resuscitation, anaesthesia, cardiology and related surgery.

The orientation of the firms in the Third Clinical Year (i.e. the February to June Medical and Surgical Firms) will be towards the graduating doctor, and it is hoped that students will be given and accept increasing clinical responsibility at this stage. The Advanced Series of sessions in the Systematic Scheme will at this time be concentrated on clinical problem-solving, management of clinical emer-

gencies, humane and ethical dilemmas, the care of the dying, and other major subjects that may otherwise be neglected.

Systematic Scheme of Clinical Instruction

This Scheme will replace the clinical and most of the paraclinical lectures previously forming part of the clinical course, though there will always be a place for the Guest or Special lecture. The object is to review the essential areas of clinical practice in a systematic way, annually, in sessions planned and delivered by multidisciplinary groups of teachers sharing an interest in the Topic. Eight Topics have been defined, with the deliberate exclusion of subjects already receiving systematic coverage elsewhere in the course. The Topics are :

Neurology and Neurosurgery
Orthopaedics, Rheumatology, Immunology, Collagen Disorders
Endocrinology and Metabolism
Cardiology
Chest Diseases
Nephrology and Urology
Haematology and Oncology
Gastroenterology, medical and surgical

The sessions will probably be presented throughout the year at 4.15 p.m. on Mondays, Tuesdays and Thursdays. The system-related approach will form the Basic Series, running parallel with the First Year firms. As mentioned above, an Advanced Series of sessions will accompany the Third Year firms.

Second Clinical Year

Of the subject "marriages" in the Second Clinical Year, one is simply a marriage of convenience: Dermatology and Paediatrics are both taught best over a span of twelve weeks and so will co-operate in the production of a joint timetable. The other three Appointments are truer unions: Psychiatry, Child Psychiatry, General Practice, Geriatrics and Community Medicine, stimulating in its current state of planning, may even be fertile and produce a quite new course related to "The Family". The Obstetric and Gynaecology teaching will run parallel with the teaching of Urology and Venereology, and both firms will be re-designing their courses. The Regional Firms will gather together many of the informal arrangements for experience in hospitals outside the Guy's group, including four weeks of Obstetrics and Gynaecology (replacing the old "sector"), three weeks each of hospital Medicine and Surgery and two weeks of working with a general practitioner. For the twelve weeks of the Regional Firm the student will be based at the one hospital, and it is hoped that he will acquire some sort of insight and perspective into the operation of the district general hospital and family practice as one cohesive unit.

Clinical Science and Study Period

The Third Clinical Year opens with a phase which will be academic in the sense that the student will have no personal responsibility for patients at the time. The subjects of study will include Radiotherapy, Nuclear Medicine, Medical Physics, Dental Medicine, advanced Clinical Pharmacology, and perhaps the Fevers Course.

FIGURE 3

	GENERAL MEDICINE SPECIALIST MEDICINE	GENERAL MEDICINE
1.	ST. OLAVE'S Dr. Maclean Dr. Cox Dr. Hicks	LEWISHAM Dr. Llewellyn-Smith Dr. Price Dr. Staffurth
	Haematology Radiology	
2.	GUY'S, S.E.1. Dr. Hardwick Professor Lessof Professor Keen	GUY'S, S.E.1. Dr. Houston Professor Trounce (Dr. Knight)
	Neurology Gastroenterology Renal Medicine	
3.	NEW CROSS* Dr. Knight Dr. Clark	GUY'S, S.E.1. Dr. Mann Dr. Joiner Dr. Scott
	Chest Medicine Geriatrics Rheumatology Radiology	

A possible scheme for the pairs of Medical Firms. Cardiology is included in the Intensive Care Firm, so does not appear here.

*Until mid-1976 this Firm will function mainly at Guy's, S.E.1.

Elective Periods

A short elective will be available in the First Clinical Year and a longer Elective in the third. Depending on personal decisions regarding the examination schedule, the major elective may be up to thirteen weeks in duration. It is likely that one outcome of current discussions will be an informative guide to the available appointments within the Guy's group. The options will remain flexible provided the experience can be shown to be one of genuine value in relation to medical training.

Examination Schedule

Students of the University of London will normally take the final examination in Pathology in June of the First Clinical Year, soon after completing the Pathology course. London University will not permit clinical parts of the Final M.B., B.S. Examination to be taken before June of the Third Clinical Year, but the papers in Medicine, Surgery and Obstetrics will probably be taken by many students six months before that. The new curriculum is designed with University schedules in mind but it will still be possible (though not recommended) for students to take the Conjoint examinations at appropriate stages in their course.

Holidays

The main vacation periods will be fixed so that students will not miss sections of the course, and it will be unusual for students to take leave during the major firms or firms with fixed programmes.

Summary

The aim is stimulation, competence and enjoyment. The method is part structure, to direct each student to essential experience, and part freedom, for the student to pursue interest and break his own new ground. The price is a great deal of energy and enthusiasm, but in these times of tight resources, that is fortunately a commodity in which Guy's is well supplied.

T. J. H. Clark.
B. H. Hicks.

Block Course in Pathology

In the new curriculum there will be a "block" course in Pathology that occupies a period of twelve weeks. This is the first occasion that Pathology has been accorded its proper recognition as a major subject in the clinical curriculum. This recognition is important because in the past many students have underestimated the breadth of the subject until a few weeks before their final examination in Pathology. At this point they found it exceedingly difficult to cram-up the neglected areas in the time available.

The block Pathology course will comprise lectures, practical classes, demonstrations and tutorials involving all branches of Pathology (Histopathology, Microbiology, Chemical Pathology, Haematology, Immunology, Forensic Medicine and Toxicology). We propose with relevant topics to integrate the different sub-specialties as much as possible.

In addition to the block course, some General Pathology will be taught in the Basic Medical Science Course; some special problems will be considered in the Topic Teaching Course, and lunch-time post-mortem demonstrations will continue throughout the year.

D. R. Turner.

COMMENT FOR STUDENTS COMPLETING TRAINING ON THE OLD CURRICULUM

When the new clinical curriculum commences in October, 1975, the re-organisation of the firms will naturally affect students following the old curriculum who have not yet completed their studies. Many students will find that they will be obliged to attend a firm including one part which they require to satisfy the regulations, but also another section relating to a subject already covered in a previous firm. A student might be faced with the prospect of repeating a subject. While this might be a pleasant and valuable experience for some students, others might view it with disfavour. The school will therefore *not* insist on a student repeating a subject for which he has already received a sign-up. However, if he did decide to repeat the firm and received a better sign-up on the second occasion, then the school would recognise the higher of the two values.

Should any student feel that unreasonable pressure is being applied to persuade him to attend a firm he has already completed, he should inform the tutor responsible for his cohort, who will investigate the matter. All students should have received a letter explaining the details of the changes as they affect their particular case. They will also be provided with the name of a tutor, a senior member of staff who is responsible for sorting out any problems which the Medical School office is unable to solve.

D. R. Turner.

OVERALL AIMS FOR THE CURRICULUM AT GUY'S HOSPITAL MEDICAL SCHOOL

A Draft for Discussion

Most of the articles on the curriculum in this issue have been essentially practical, concerned with communicating the changes envisaged in the *organisation* of the course in the coming year. The *direction* of all this learning has been regarded as implicit in the curriculum design, and anyway dictated by past experience or vague expectations as to the desired house officer "product" at the point of qualification. The Working Parties on the curriculum have discussed formal objectives from time to time when these have seemed likely to contribute to progress, and many departments are conscious of and/or publish rather precise objectives to help tutors and taught. However there exists no list of general objectives for the Medical School as a whole, except in so far as the syllabus is defined in University regulations. Some feel such a list is superfluous. Others, myself included, would submit that the definition of objectives may help us select priorities in what becomes an increasingly complex task.

To those who share an interest in such definition of objectives, the invitation is issued to ruminate upon the draft objectives offered here. Some public debate, by courtesy of the Editor, would be welcome before the ideas are taken further. The wider the spectrum of

comment, from those just starting at Guy's to Guy's men long in practice, the more valuable any such list will become.

A. ATTITUDES

1. To recognise and develop the personal characteristics required for a doctor's professional life, including:
   (a) awareness of one's own assets, limitations, potential, and emotional reactions;
   (b) a sympathetic attitude towards patients and their problems, whether the problems are essentially physical or psychological;
   (c) an understanding of the need for communication between oneself and one's patients, patients' relatives, and colleagues in the health professions;
   (d) dependability and a sense of professional and social responsibility.
2. To develop a scientific attitude to medicine, recognising that:
   (a) conclusions should be reached by reasoning from available evidence;
   (b) evidence needs to be assessed for its reliability and its relevance to the problem;
   (c) while therapeutic decisions may sometimes have to be made on the basis of imperfect evidence, a critical approach to such decisions should be maintained;
   (d) the critical attitude must be based on a sound core of appropriate knowledge.
3. To appreciate the constant evolution and development of medicine and therefore:
   (a) know the satisfaction and importance of continuing self-education throughout one's professional life;
   (b) use one's critical attitudes, and new knowledge and skills, to contribute to medical progress whenever possible.
4. To appreciate the effect of environment on health and disease and the responsibilities of one's profession towards the prevention of disease.

B. KNOWLEDGE

1. To acquire knowledge of the structure, function and development of the human body, of the factors which may disturb these and the disorders which may result.
2. To acquire knowledge of common and/or important syndromes, diseases and clinical phenomena, especially those which are an acute threat to life, and common disabling conditions.
3. To understand the basis of chemotherapy, including practical aspects of prescribing drugs and evaluating new preparations.
4. To have some insight into the operation of the whole "health care system" and its economics.

C. SKILLS

1. To develop the skill of relaxed and sympathetic communication with the patient, so as to obtain a full and accurate history and establish a therapeutic relationship.
2. To learn the skills of physical examination.
3. To learn the role of the standard investigatory methods.
4. To acquire the ability to discern and define problems, in one's patients, in their environment, and in one's own practice.
5. To learn the skill of analysing, recording and imparting clinical information in a productive and communicative way.
6. To learn how problems, once identified, are managed by the doctor and health care team and/or system.
7. To acquire competence in certain basic procedures, namely :
   (a) venepuncture;
   (b) intravenous infusion;
   (c) urethral catheterisation;
   (d) emergency tracheostomy;
   (e) resuscitation;
   (f) major first aid procedures;
   (g) suturing of superficial wounds;
   (h) nasogastric intubation;
   (i) uncomplicated delivery.
8. To learn how to care for dying patients.
9. To learn the use of libraries and other information sources.
10. To learn the skills of contributing productively within a small group of colleagues, whether engaged in patient care, teaching or research.

B. H. Hicks.

CORRESPONDENCE

New Clinical Curriculum

SIR,—In October this year the new Clinical Course in Medicine will begin at Guy's. At the end of April this year the present clinical students were informed by letter that they would terminate their present course and join the new curriculum in October.

We represent those students who started their clinical studies with a medical firm in July 1973, and we are writing because we feel our performance in the Final Conjoint exam could well be adversely affected by the reorganisation. In the New Curriculum half of the above students will not have had formal teaching in Orthopaedics and none in G.U., by December 1975 when they are due to sit Conjoint Surgery. We appreciate future plans do not include students being able to take this exam—but having allowed us to commence the exam, it seems only sensible that the course should be structured so that we can finish it with the requisite teaching. Neither the students, nor all the members of S.M.E.C. were consulted about these changes—therefore there seems to be a gap in communication somwhere.

Yours faithfully,

TRICIA JENKINSON, IAN WHITE (B.Sc.), PAT WHITE (S.M.E.C),
AMANDA PAYNE, DAVE GREAVES,
MICHAEL REEVES, TOM BELL, GREG EARNSHAW.

East Wing,
Guy's Hospital, S.E.1.

Whither Courtesy ?

SIR,—I cannot entirely agree with what the *Gazette* Nursing Correspondent (26th April) has to say. I wonder how much contact she has with the student body? I could, in much the same way, quote instances where my arrival on a new ward has been greeted by wearied tolerance on the part of a Senior Nurse; although admittedly the position of a Medical Student on the ward is ill-defined.

Furthermore, if an incident of bad manners does arise—would a Senior Nurse (very possibly of similar age and life experience to the clinical student) find it necessary to point out to him what must be patently obvious? I would find it vaguely insulting.

Generalisations do not help to solve the problems of polite communciation between Nursing and Medical Staff, if it is in such a sorry state as suggested. More emphasis should be placed on the final statement of the column. The place to rectify these faults, which do indeed lie on both sides, is in Guy's, the Teaching Hospital, before the trainees go out to Provincial Hospitals where such faults could be of more serious consequence to number one—the Patient. Here we can be aware of the fact that we are dealing with individuals, not labels, and manners vary widely amongst individuals. It can hardly be said that bad manners begin when one becomes a student, doctor or nurse.

May I say that I and many of my colleagues have a high regard for all clinical grades of Nursing Staff at Guy's, especially as we have the opportunity for comparison with other hospitals which we visit from time-to-time. Can the situation be all that bad when so many of my contemporaries and longer serving acquaintances are either married or engaged to Guy's Nurses—the Ultimate Liaison?

Yours faithfully,

ANDREW DAWSON,
Final Year Student.

East Wing,
Guy's Hospital, S.E.1.

"Gay" notice on Medical School notice-board

SIR,—Male homosexuals seem very pleased with themselves these days: it is almost as if they behaved like men who had invented a new cult or discovered an old. Perhaps in days of such popular gloom this has certain merits!

Homosexuality is a natural phenomenon as much as any other fact of nature. Nevertheless, it is, as it were away from the "main-line", a "branch-line" or even a "siding", at times. Homosexuality occurs in mammals, but in insignificant proportions in animals in the natural state. It increases where animals are in captivity and in the domesticated animals.

Homosexuality flourishes when cultures are in decline; when the natural vigour and the brightness of the impulse that brought the culture to its peak of usefulness have begun to slacken and be clouded. Homosexuality is uncommon in primitive peoples in their natural state, yet becomes evident when a more sophisticated culture erodes their self-esteem: for example, homosexuality was little or non-existent in Papua in the early decades of this century. It is now said to be not uncommon in those peoples, who now wear clothes and have the aeroplane. Again, from Solon to Socrates homosexuality was no problem in Greece: from then on as it is oft quoted it was constantly remarked upon. At that period the great originators in the arts, who depicted the Universals in human form almost invariably (whose strength is still with us today) were superseded by those who depicted the clash of personality and the foibles of a petty daily existence (made so, not naturally so).

It is necessary, therefore, to have human existence in perspective, its aims and ideals, its richness and its squalor. It is *not* useful to neglect to keep before us as brightly as we can, the high possibilities that man as a being is gifted with. The glamour, with which some persons once more seek to surround homosexuality and the "gay line" is not one of them.

Yours faithfully,

A. S. GRIMBLE,

Guy's Hospital,
London, S.E.1.

Psychiatry at Guy's

SIR,—I am fully aware that the "mentally afflicted" referred to by Dr. Chilvers, the "mental illness" and the "demons" of religion have a long and honoured history at Guy's Hospital. What is new to me is that psychiatry ever was or even now is, practised and taught at Guy's. Were this so we would hear more of the techniques of interrogation procedures, political psychiatry, exorcism, brain-washing, advertising and many other procedures as applied to directed policy.

Psychiatry is not just the treatment of mentally "sick" people in the medical sense of sickness. All the techniques of applied psychology are psychiatry, the treatment of the mind. The question of "sickness" does not enter into the definition of the meaning of the word.

It is the application of the science of psychology which makes medical psychiatry an art and not a science. It is false to think that facts can be deduced from the processes of treatment itself and it is just this false belief which makes many medical psychiatrists think that their subject is a science.

Science (in other words laws and facts), are derived from painstaking experiments and it is just these which are painfully absent from medical psychiatry.

Yours faithfully,

OSWALD B. BALEAN,

Harcourt,
13 The Ridgeway,
Chatham, Kent.

Dr. F. H. Brain

SIR,—In September, Guy's will lose, by retirement, its longest-serving and perhaps best-known preclinical teacher. Dr. F. H. Brain came to Guy's in October 1933 and has thus served continuously in the Chemistry and then the Biochemistry and Chemistry Department for 42 years. The Department is proposing to make a presentation to him in September.

There must be many Guy's men and women who would like to be associated with this presentation and it is the purpose of this letter to invite them to send contributions, addressed to me. A suitable memorial with signatures of contributors will be handed to Dr. Brain.

Yours faithfully,

G. A. D. HASLEWOOD,

Biochemistry and Chemistry Department,
Guy's Hospital Medical School,
London, S.E.1.

Mollie Blackett

SIR,—May I, through the courtesy of Guy's *Gazette* thank all those most sincerely, who contributed to my gifts, and for so many good wishes on my retirement after 25½ years service.

I am more than grateful to all departments and all members of the staff, who, over the years made it possible for my staff and myself to "pull our weight" in the smooth running of Guy's.

Thank you all very much.

Yours faithfully,

MOLLIE L. BLACKETT,

33 St. Mildreds Road,
Lee SE12 0RD.

Farewell Mike !

SIR,—Can I use the *Gazette* to thank the B.M.S. and B.D.S. students for a uniquely enjoyable evening on Friday, 2nd May.

Yours faithfully,

MICHAEL HUTCHINSON,

16 Oakways,
Bexley Road,
London, S.E.9.

Rugby Club A.G.M.

SIR,—May I utilise space in the *Gazette* to advertise the forthcoming Annual General Meeting of the Rugby Football Club? This is due to take place on Tuesday, 10th June, at 12.30 in the Physiology Theatre, and is an important meeting since radical proposals will be put forward in an attempt to improve the organisation of the Club. It is hoped that these will lead to better results for all sides in the Club upon which, of course, maintenance of enthusiasm of players and supporters depends.

Support and enthusiasm of all those who have an interest in Guy's rugby will be very welcome at the A.G.M.

Yours faithfully,

S. J. CHALLACOMBE,
(Hon. Sec. Guy's R.F.C.)

Guy's Hospital,
London, S.E.1.

Reflections

SIR,—When you stand in front of the mirror the reflection that you have of yourself is twice the distance between yourself and the mirror. Hence, the amount of deformity or malformation is doubled. Simple physics, if one wishes to go back to basic sciences.

Yours faithfully,

IVOR BROOMHEAD,

79 Harley Street,
W1N 1DE.

Latecomers to Lectures

SIR,—Many people, including myself, find it difficult enough to concentrate during lectures without the additional distractions of persons arriving late, tropical temperatures in the auditorium and sometimes having to sit on the floor.

Lately I have noticed that as much as a third to half of the audience at a lecture arrives after the lecturer has begun (which is not to say after the appointed time). These people make a noise, they let in noise from the outside, they shove people up who are trying to take notes and it is no rarity to see up to a dozen puffing, red-faced, sweating individuals walking across the front of the theatre in between the lecturer and his audience.

I agree that it is inevitable that people will, from time to time, be detained, for instance by a consultant not mindful of the clock, and it is reasonable that such people should slip in late to a lecture. The vast majority of latecomers, however, are late for no other reason than the inability to arrive at a certain place at a certain time. Anyone attending the meanest number of pathology lectures could not fail to notice that it is the same old crowd which regularly rolls in at 9.15 or 12.10 on Wednesday mornings. Anybody, such as myself, not famous for punctuality, should (at 9.20) be studiously perusing the appropriate page in Muir or (probably more suitable) Tighe.

As to the temperature of the theatres—they all have a stuffy atmosphere and recently I observed by the wall thermometer that the temperature in the Physics Theatre *before* a 9 a.m. pathology lecture was 80 deg. F. There was also a smell ! Given that a lot of seats are missing from this theatre, that about a quarter of the audience (latecomers !) have to take notes sitting on the floor and that those who are seated properly are crammed in like sardines, it is little wonder that one cannot give one's full attention to the lecturer.

Returning to the subject of latecomers, I have the distinct recollection of more than one absurd occasion where one particular student has come into a lecture *forty* minutes after it has begun (and in the event five minutes before it ended) and then made his way right to the front of the theatre—to the distraction of all and annoyance of myself.

If the theatre doors cannot be locked, could not the same technician who prepares the theatre before the lecture, also stand outside the doors and *turn away* the latecomers? Alternatively a guaranteed haranging by the lecturer might deter this anti-social breed.

Yours faithfully,

P. M. FENTON,

East Wing,
Guy's Hospital,
London, S.E.1.

M.D.U. Cheese and Wine Party

SIR,—I should like to thank the Medical Defence Union and the Medical Insurance Agency for providing the members of the Clubs' Union with a superb Cheese and Wine Party on Wednesday, 30th April. It was extremely gratifying to see so many students attend (approximately 200) and the encouraging number of volunteers who helped organise, cater and generally clear up. The food and decorations were excellent, the wine plentiful and the speakers witty, brief and informative. I am sure a good time was had by all, especially those who stayed for the disco which followed.

I would also like to draw the attention of your readers to the Summer Ball on 5th July, which is to commemorate the 250th anniversary of the death of Thomas Guy.

Yours faithfully,

PETER WATKINSON,

(President, Guy's Hospital Clubs' Union).

SPORT

Sports Commentary

Summer often has a funny effect on people or events or both, but it is usually associated with a change in the weather. Since last going to print, the weather has changed several times and one wonders if it is this that has caused the threatened revival of a number of the less renowned sports—whatever the cause, this is very welcome. Clay Pigeon Shooting may well soon become an established club, and in the Rifle Club itself, which has lain dormant for the last eighteen months or so, there are moves for its re-establishment. In the vaults of H.O.P., an ancient amount of archery equipment has been discovered. It is hoped that this will be available for use—potential "Robin Hoods" are requested to remember that there is a difference between Crofton Park and Sherwood Forest and should thus aim for the targets and nothing else. Croquet is another pastime that may soon be available at H.O.P.—moves are afoot to establish a lawn.

But what of the more conventional summer sports? Margaret Long seems to have the Ladies Tennis Team living up to the same high standards set last year; the 1st XI Cricket is having some creditable performances, and special mention must here be made of Mike Glover who in his first season at Guy's has scored nearly 300 runs in his first five innings. Alistair Smith's All-Stars (2nd XI Cricket) are as yet undefeated and finally the Men's Tennis Team enjoyed their week-end in Cambridge—not a ball was served due to grim weather, but provincial beer is cheaper than that in London.

LADIES' TENNIS

Guy's 6 vs. St. Mary's 3

Tuesday, 29th April, Away

Guy's Ladies Tennis Team had a convincing win of six matches to three in their first game of the season. Each couple won two of their three matches, but St. Mary's first couple were too good for all our pairs. This was an encouraging start as none of our team had played together in their pairs before. We have had some promising new additions to the Club and look forward to more successes.

Team: J. Mason, S. Perfect, M. Long, P. White, L. Broughton, C. Irwin.

Guy's 6 vs. London 3

Saturday, 3rd May, H.O.P.

Our first match of the season at H.O.P. turned out very successfully. Firstly we won by six matches to three in some enjoyable games, but battling against the wind which got stronger during the afternoon. Catherine Irwin, a promising new player, and Louise Broughton playing at first couple won all their matches. Pat White and Margaret Long, playing together a second time, won two of their three matches. Margaret Croysdill and Gillian Trounce playing their first match of the season fought a good battle to win 9-7 in their final match. The grass courts at H.O.P. were in very good condition due to Mr. Dann's obvious enthusiasm and we look forward to playing there more often.

Team: L. Broughton, C. Irwin, M. Long, P. White, M. Croysdill, G. Trounce.

M.L.

Artists' Tour — 1975

After select car problems, "The Artists" tour party assembled in the East Wing (having dragged Davies and Burrell from "The Grapes") before leaving *en route* for "Thatchings" for their third annual tour to the sunny south coast. The journey provided several detours, with Nick Nicholas' navigator, for some unfathomable reason, leading him in a series of circles of decreasing radii towards Guildford. Other members of the party also had their moments and it was after an argument with a Viva, that John Wynn-Jones was the last to arrive at Thatchings.

Tea promptly dealt with, the team retired to The Ship (with Tim Stanley conspicuous by his absence) for some light refreshment. Later in the evening the "Greek International" somehow managed to mislay his trousers, shoes and socks to the accompaniment of various profanities.

Dawn broke on Saturday with the team up early for the team-talk and training on the crocquet lawn, followed by tactical problems being ironed out on Bognor dodgems. After a heavy lunch, the team left in convoy for Havant. Numerous detours by Dave McPherson ensured that the convoy did not last long, but somehow each car made its own way with John Wynn-Jones arriving a quarter of an hour late, having run out of petrol.

The match against "Havant Mariners" was played on a very heavy pitch and half-time came with the score at 3—0 in favour of the home team. However, tactical, positional changes enabled The Artists to get on top in the second half, and after a fine move started in their own half, Gareth Jones scored the winning try.

Later, in the bar, Dave Webb and Greg Earnshaw joined the rest of the team for some serious refreshment. John Wynn-Jones, enthusing later, persuaded the team to sample the local "Gales" brew at the Royal Oak (there are three Royal Oaks). Pete Nightingale though, finding the beer very acceptable, did not appreciate its strength and had to be put to bed!

A fitness parade on Sunday morning, and excluding hangovers, showed the following players to be unfit :

Davies and Burrell—Rugby injuries.

Colin Holden—Following a short walk in the English Channel and subsequent practising of his scrummaging technique with Steve Thomas on the shingles, he presented with an injured shoulder.

Because of this, guest players Dave Young and Curly Rowland brought the team to full strength.

Morning coaching after breakfast consisted of learning and practising the Artists' "Haka"—a joy to behold! The game against Bognor was played on a dry, firm pitch well suited to the open running characteristic of Artists' play. A hard-fought first-half saw the Artists' losing 6—0. Cider at half-time revived their spirits, enabling the Artists to equalise after a miraculous interception by Greg Earnshaw in his own twenty-five. Fine handling by Pete Nightingale left Gareth Jones with only sixty yards to run and four players to beat before crossing for a try; McPherson converted. Two minutes from time a momentary relapse by the referee saw Bognor score under the posts. Uncannily, Vern Allen charged down the kick. The Artists, typically unperturbed, fought back with a fine break by Wynn-Jones to force a line-out two yards from Bognor's line from which, after harassing by Dave Young, "Curly" Rowland snatched an opportunist try, only to see McPherson emulate Douglas Morgan and miss the kick! Result 10—10. Owing to this historic draw Greg Earnshaw consumed vast quantities of beer. A splendid evening was had by all, details of which cannot be published due to threat of legal action. (For further information contact Steve Thomas.).

Team: Greg Earnshaw, Nick Avery, Gareth Jones, Nick Nicholas, John Wynn-Jones, Tim Stanley, Derek Norfolk, Chris Burrell, Dave McPherson, Tim Goodship, Pete Nightingale, Dave Webb, Vern Allen, Steve Thomas, Colin Holden, Morris Davies. Guest players: Dave Young, Curly Rowland.

Anon.

HOCKEY

The Spiros.

The Spirochaetes have not won this season, a depressing fact when looked at only on the surface. Formed in 1959 as a 2nd XI side who wished to tour at Easter somewhere apart from Folkestone, "Spiros" have held several Sunday fixtures as well as the annual tour to Torbay (Paignton). The Club has displayed magnificent character and spirit and the only thing lacking has been success on the field. The vast majority of their two draws and fifteen defeats (seven at Torbay) have been closely contested and their only rout was by Old Millhillians (6—0) on an all-weather pitch. The majority of that team had never played on an all-weather pitch before.

People of all standards have been keen to play and there has rarely been any difficulty raising a side on a Sunday (a good indication because one would expect few people to be prepared to sacrifice both days of a week-end to play Hockey). These facts should answer some of the questions posed by the critics of the Hockey Club in general. Those of you who say "Look at the results" would receive the retort of "You cannot build a successful side without the right blend of players—and none of us have control over the intake of hockey players".

There have been several memorable moments—perhaps the most memorable was at Paignton when at one official function where each other club was represented by two players, the entire (14) Spirochaetes squad entered (albeit a few minutes late). Mr. Powell, the Torbay Festival organiser, announced in his characteristic way, glasses perched on nose, "The Spirochae-tes appear to have arrived".

The Spirochaetes have arrived to stay—it will take more than penicillin to kill them!

A.M.K.

SOCCER

Six-a-Sides 1975

The Soccer Club is again presenting its annual six-a-side competition at H.O.P. This year, the finals day will be on Sunday, 29th June. The preliminary rounds are in the evening of the preceeding week. Teams are limited to seven members who must all be named and there is an entrance fee of 15p per player. The closing date for entires is 16th June, 1975.

For the winning Men's team there will be fame, fortune, a trophy and medals. Ladies can enter to try and wrest the "Haslewood Trophy" from Viv Pains' Professional Ladies Team. The whole event promises to be the great success it has been in previous years, and we look forward to a large entry.

Entry forms from S. Evans, P. Hunt (2nd year clinical); D. Kipling (1st year clinical); or I. Wilson (2nd year B.M.S.).

Steve Evans.

SQUASH

Guy's 2 vs. Middlesex 3 (Hospitals' Cup)

Wednesday, 16th April. Away.

The Final of the U.H. Cup ended in bitter disappointment at Middlesex Hospital when at 2—2, Robert Kirschen succumbed to an accurately hitting opponent by the score of three games to one. The start had been encouraging when Angus Kingon won at string number four with a lot of running and not much else. As expected, the score levelled when Iain Nicholson went down to the nationally ranked Neil Martin after a brave fight. Guy's went ahead again after the undoubted superb performance of the night by Chris Mackenzie who came back from two games down against Ian Thomson, the Hounslow and England hockey player, with a succession of deadly accurate drop shots.

Many reasons can be given for a defeat; perhaps one in this case was the very hot courts which suit only the most accurate hard-hitting players of which there are few. Both Ian Mackenzie and Robert Kirschen tried desperately hard against opponents similar in style to theirs but could not cope, arguably against better opponents but also arguably against opponents of equal standard knowing their own courts.

This Hospitals' Cup Final was not won by a better side, it was won by a side that was better on "the night". With the same five players available next year and others such as Colin Holden, Jamie Farquharson and Mike Glover just waiting underneath for a chance, Guy's will still remain a difficult side to beat.

Team : Iain Nicholson, Chris Mackenzie, Robert Kirschen, Angus Kingon, Ian Mackenzie.

A.M.K.

Guy's 1 vs. University College 3

Wednesday, 8th May, at S.O.A.S.

This was the final of the Knockout Friendly Competition between the top four teams of the U.L. Men's Squash League. Guy's, defending its place at the top, suffered a narrow defeat at the hands of an aggressive University College side. At first it looked as though the team might have managed to win. Ian Mackenzie, playing at number 4, pulled off the only success of the evening playing a sensible match against a difficult opponent. Robert Kirschen and Chris Mackenzie both looked as though they might have won but both went down 3-1 after long struggles in every one of their games. Angus Kingon, playing at number 3, had the hardest struggle of all, and at 2-2, with the final game the deciding factor in whether Guy's lost or drew, just failed to win it. This might have been due to his afternoon's cricket at H.O.P. only a few hours before.

Many thanks to U.C. team and John Marks, organiser of the U.L. League, for the rest of the evening's entertainment. It proved a very enjoyable ending to a full and exciting season's squash at Guy's.

Team: Chris Mackenzie, Rob Kirschen, Angus Kingon, Ian Mackenzie.

J.W.A.M.

The Internal Knock-out Competitions

Singles :

Quarter-Finals : I. Nicholson w/o J. Farquharson; A. Kingon bt. I. Mackenzie 3-2; R. Kirschen bt. C. Holden 3-0; C. Mackenzie w/o M. Glover.

Semi-Finals : I. Nicholson bt. A. Kingon 3-0; C. Mackenzie bt. R. Kirschen 3-1.

Final: I. Nicholson bt. C. Mackenzie 3-0.

Doubles :

Semi-Finals : I. Nicholson and A. Kingon bt. C. Holden and J. Farquharson 3-1; C. Mackenzie and R. Kirschen bt. D. Cole and D. Greaves 3-0.

Final: I. Nicholson and A. Kingon bt. C. Mackenzie and R. Kirschen 3-1.

CRICKET

The Season so far . . .

1st XI 136 vs. Brixton Police 47

Won by 89 runs.

Wednesday 23rd April, H.O.P.

This new fixture, dominated by a new player with the bat and an "old-hand" with the ball, was an encouraging start to the season. Mike Glover scored a competent 44 and John Wright took six wickets for only 19 runs. Everybody tried hard, a good omen for later on.

1st XI 75 vs. Beckenham 169 for 5 dec.

Lost by 94 runs.

Saturday 26th April, H.O.P.

This was an indifferent display against a much better side. Nobody scored above 20 for Guy's and too many people became resigned to the fact that we could not get the Beckenham batsmen out. There is no need for discouragement as it is always difficult to play a side of Beckenham's calibre in April.

1st XI 197 for 7 dec. vs. Rowan 140 for 7.

Drawn.

Sunday 27th April, H.O.P.

Another new fixture and a superb Guy's performance. Batting first, Guy's got a tight grip on the game—John Wright (77 not out), Mike Glover (50) and Chris Langdon (28) were the "Men in the Runs". However, Guy's were unable to bowl Rowan out and stumps were drawn with them needing 58 to win with three wickets left.

1st XI 98 for 7 vs. Templesheen Eccentrics 133 for 7 dec.

Drawn.

Saturday 3rd May, H.O.P.

This was a generally shoddy Guy's display with a few exceptions. John Harker followed up his hitherto unmentioned 28 against Brixton Police with a sensibly played 29. Sant Khan then batted well for an unbeaten 19. Rob Jones (5-32) and Alban Davies (2-19) both bowled well, but the fielding must tighten up.

1st xI 159 for 9 vs. London Hospital 163.

Drawn.

Sunday 4th May, H.O.P.

The most exciting match of the season was totally dominated by the brilliant innings of Mike Glover (121). With none of the regular opening bowlers playing, Guy's did well to contain London to 163. As Guy's runs mounted slowly, the number of wickets lost did also. Fifty runs came in the last eight overs, mainly from Mike Glover, and when he was caught on the boundary on the pen-ultimate ball, Guy's had to be content with the draw. A serious reminder—what if Mike Glover's batting had failed?

1st XI 98 vs. Carnegie 78.

Won by 20 runs.

Saturday 10th May, H.O.P.

A low scoring match, this had the right result for Guy's. John Wright scored 20 but otherwise this was a day for the bowlers with Rob Jones (5-27) and Alban Davies (3-27).

1st XI 98 vs. Ashtead 102 for 7.

Lost by 3 wickets.

Sunday 11th May, Ashtead.

An exciting game, as low-scoring games tend to be, with Alban Davies scoring 23 and taking five wickets for 38 runs. Ashtead are a good side and Guy's are not to be too disappointed with this result.

1st XI 134 vs. Stoics 136 for 3.

Lost by 7 wickets.

Saturday 17th May, H.O.P.

Guy's were decisively and deservedly beaten by the Stoics, a strong wandering side. An early batting collapse propped up by Mike Glover (56) and John Rooke (17) led to Guy's scoring rate slowing down and on counting up, Guy's had approximately half as many overs again as Stoics to score their runs. But, what do you do on losing four wickets for less than 50 runs?

A.M.K.

2nd XI Report

Two games have been played this season. The first, on Sunday 4th May, was against a team of Bart's Technicians who were miserably out of their depth. In spite of losing cheap wickets early on, Guy's declared at 163 for 9 at tea. John McArthur and the Captain, Alastair Scott-Smith, skittled the opposition out for 18 runs with a show of accurate pace bowling. The second Bart's innings, even against the slower Guy's bowlers, was as equally unimpressive.

The second match, on Sunday 11th May, against The London, was a more closely contested affair. The London made 132 runs by tea, the wickets going to A. Scott-Smith and Pete James, a cunning off-spinner. Guy's, with only nine men, were up against it with the score at 27 for 7. Clive Handler, unjustly given out when caught off the pad, was quickly succeeded by the early dismissals of his fellows and it was left for the Captain and Pete James to save the day with a partnership of 85.

Team: J. Ireland, C. Handler, D. Cole, T. Baylis, N. Hunt, A. Scott-Smith, J. McArthur, J. Burgess, P. James, M. Bennetts, R. Dunn.

A.J.S.-S., C.R.

NOTICE

BLUES COMMITTEE

All sports clubs who wish to make nominations for the awards of full or half-blues should send them to the Secretary of the Blues Committee by Tuesday, 10th June. The nominations should be accompanied by a brief report on the standing of the individual in the club so that the Blues Committee may make a fair judgment at their forthcoming meeting.

Mike Gleeson (Secretary, Blues Committee).

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF LONDON

Ph.D. Medicine

February 1975

W. Harvey (Biology—Cytology)

March 1975

G. A. Machin (Cytogenetics)

3rd B.D.S. Part II (Medicine & Surgery)

November 1974

Elisabeth Anwar
Susan E. M. Arthur
I. S. Bell
M. T. Bostock
J. A. Brazier
A. M. Campbell
D. P. Collins
Melanie J. Dibden
C. C. Dowdeswell
R. P. Evans
G. P. Feaver
J. A. Fewster
S. R. Flint
G. N. P. Gibbs
C. W. Hendy
Susan M. Hooper
N. M. Ismail
L. B. Jacobs
A. M. Lester
Jane E. Maunder
N. M. Moolji
D. Mould
N. R. Munks
J. G. Owen
A. V. Smith
P. B. Smith
Coryn P. Taylor
C. W. Wong
G. A. Zaki

3rd B.D.S. Part II (Pharmacology)

C. D. Allen
G. R. W. Edgar
Irfana S. Hussain
J. D. Ireland
C. D. May
D. G. Sykes
J. T. Wade
Menna Wilkins

HOUSE APPOINTMENTS

GUY'S HOSPITAL

1st June, 1975

House Physicians

Dr. Mann, Dr. Scott, Dr. Clark and Dr. Sowton — Mr. C. Sharp, *3 months*
Mr. A. C. Chu, *3 months*
Mr. L. M. Rabb, *6 months*

Dr. Hardwick, Prof. Trounce, Dr. Cameron, Dr. Ogg and Dr Grahame — Mr. R. F. Massey, *3 months*
Miss L. F. C. Lowenson, *6 months*

Dr. Houston, Dr. Knight, Dr. Deuchar and Dr. Grimble — Mr. P. G. Reasbeck, *3 months*
Mr. A. J. Nicholls, *6 months*
Mr. S. C. Callender, *6 months*

Prof. Lessof, Dr. Joiner, Dr. Burry and Dr. Dowling — Mr. K. D. Dawkins, *3 months*
Mr. I. C. Forgacs, *6 months*

House Surgeons

Mr. Blackburn, Mr. Maynard and Mr. Ellis — Mr. P. R. Kay, *3 months*
Miss K. M. Spencer, *6 months*

Mr. Lawrie, Mr. Beard and Dr. Winter — Mr. P. T. Townsend, *3 months*
Mr. N. J. White, *6 months*

Mr. Glover, Mr. O'Flynn and Mr. McArthur — Mr. J. B. Williamson, *3 months*
Mr. P. G. Davies, *6 months*

Prof. McColl, Mr. Rendall and Mr. Bewick — Mr. J. P. Prior, *3 months*
Miss J. Krafft, *3 months*
Miss A. P. Hemingway, *6 months*

Gynaecological House Surgeons

Miss E. A. Caffrey, *3 months*
Mr. D. R. Norfolk, *6 months*

Throat and Ear House Surgeons

Mr. P. M. Duckworth, *3 months*
Miss N. L. K. Fagg, *6 months*

Orthopaedic House Surgeons

Mr. J. P. Lewis, *3 months*
Mr. J. Wynn-Jones, *3 months*
Mr. G. M. G. McClure, *3 months*

Genito-Urinary House Surgeons

Mr. G. R. Barker, *3 months*
Miss M. G. Sharman, *6 months*

S.H.O. to the Renal and Transplant Unit

Mr. D. Taube, *3 months*
Mr. G. H. Neild, *6 months*

Children's House Physicians

Mr. J. N. Disney, *3 months*
Dr. D. P. Carter, *6 months*

Casualty Officers

Mr. T. K. Day, *3 months*
Mr. S. R. Zachariah, *3 months*
Mr. J. R. Arden-Jones, *3 months*
Mr. R. A. Yoozooph, *3 months*
Mr. J. A. Dick, *6 months*
Mr. C. R. A. Bevis, *6 months*
Mr. P. E. Lewis, *6 months*

Resident Obstetricians

Mr. G. Goodhart, *4 months*
Mr. J. J. Oram, *6 months*

Neurological House Physician

Mr. W. A. C. McAllister, *3 months*

Dermatological House Physician

Mr. J. A. Miller, *3 months*

House Physician in Child Psychiatry

Mr. P. Van Boxel, *4 months*

House Surgeons to the Thoracic Unit

Mr. A. S. Bulman, *3 months*
Mr. J. G. H. Pearson, *6 months*

S.H.O. to the Department of Psychological Medicine

Mr. H. M. D. Gurling
4 months
Mr. J. Strang
4 months
Mr. T. Barnes
4 months

Resident Anaesthetists

Mr. W. H. Konarzewski
3 months
Mr. G. J. Baldock
3 months
Miss A. Okou
3 months
Miss A. M. Torrance
6 months

S.H.O. to Nuffield House

Mr. L. C. Liu
3 months

6 months

Children's House Physicians at the Evelina Hospital

Miss M. Eisner
from 1.2.75 to 31.7.75
Mr. P. Ranger
from 1.4.75 to 30.9.75
Mr. D. M. Gillman
from 1.6.75 to 30.11.75
Mrs. F. W. Light
from 1.8.75 to 31.1.76

Casualty Officers at the Evelina Hospital —Part-time

Mrs. M. Victor-Beza
3 months
Mrs. P. M. Rogers
3 months

ST. OLAVE'S HOSPITAL

House Physicians	Mr. K. N. Bullock *3 months* Miss M. J. Wade *6 months*
House Surgeons	Mr. A. M. Weindling *3 months* Mr. M. Momen *6 months*
Gynaecological House Surgeon	Mr. M. J. Coe *3 months*
S.H.O. in Psychiatry	Miss A. Early *4 months* Mr. J. Booth *4 months*

NEW CROSS HOSPITAL

House Physician in General Medicine with Geriatrics and Rheumatology	Mr. R. J. Mann *3 months* Mr. R. D. Armstrong *3 months* Mr. B. S. Avery *6 months*
Orthopaedic House Surgeons	See under Guy's
S.H.O. to the Rehabilitation Unit	Mrs. M. J. Thomson *3 months*

BECKENHAM HOSPITAL

House Physician	Mr. D. H. O. Lloyd *3 months*
House Surgeon	Mr. P. R. Kettle *3 months*

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Hartley and Dr. Thomson	Mr. N. Odom *3 months* Mr. W. N. Trethowan *6 months*
House Physician to Dr. Mallinson and Dr. Blower for 3 months and Dr. Eliot, Dr. Colover and Dept. Chest Medicine for 3 months	Mr. P. Stearns *3 months* Mr. D. J. Brown *3 months*
House Surgeons to Mr. Williams and Mr. Park for 3 months and 3 months with Mr. Stoker and Mr. Candy	Mrs. E. J. E. Stearns *3 months* Mr. P. R. Willicombe *3 months*
House Physician to Dr. Mallinson	Mr. J. E. M. Fox *6 months*
House Surgeon to Mr. Williams, Mr. Park, Mr. Stoker and Mr. Candy	Mr. H. W. Jones *6 months* Mr. T. J. Goulder *6 months*
House Surgeon to Mr. O'Flynn, Mr. Wilson and Mrs. Wengraf	Miss E. Ryman *6 months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases	Mr. M. T. Knox *3 months* Mr. R. J. B. Bowering *6 months*

LEWISHAM HOSPITAL

House Physician to Dr. Price	Mr.H. D. T. O'Donnell *6 months*
House Physician to Dr. Stott	Mr. S. A. Green *6 months*
House Physician to Dr. Llewellyn-Smith	Mr. J. G. C. Wright *3 months*
House Surgeon to Mr. Lynn Evans	Mr. A. J. Cook *6 months*
House Surgeon to Mr. Ivo Smith	Miss A. E. Warren *6 months*
House Surgeon to Mr. Monty	Mrs. N. J. Cohen *6 months*
House Surgeon to Mr. Le Brun	Mr. D. J. Scott *3 months*
House Surgeon to Mr. Cavendish	Miss M. C. Dick *3 months*

ORPINGTON HOSPITAL

House Surgeon to Mr. Wilding and Mr. Lam	Mr. J. W. Upward *6 months* Mr. R. P. Fitton *6 months*
House Surgeon to Mr. Walker-Brash and Mr. Ratnesar	Miss L. A. Ball *6 months*
House Surgeon to Mr. Boxall and Miss Austin	Miss S. L. Tyson *6 months*
House Surgeon to Mr. Walker-Brash, Mr. Glasspool and Dermatology	Mr. L. D. Culliford *3 months*
House Physician to Dr. Southwell and Dr. Williams	Mr. G. E. A. Sparrow *3 months*

PEMBURY HOSPITAL

House Surgeons	Mr. S. G. Edmondson *3 months* Miss J. H. Hawksworth *6 months*
House Physicians	Mr. R. C. B. Odgers *3 months* Mr.C.C.deV.Crawshaw *6 months* Miss M. J. Watson *6 months*

ST. HELEN'S HOSPITAL—HASTINGS

House Physicians — Mr. M. J. Wink *3 months*; Mr. R. D. A. Coxon *6 months*

ST. NICHOLAS HOSPITAL—PLUMSTEAD

House Physician to Dr. Scott — Mr. P. H. Rowlandson *6 months*

GUY'S HOSPITAL MEDICAL SCHOOL

Junior Staff Appointments—1975/76

Applications are invited for the following appointments to the Junior Staff of the Medical School, for the session 1975-76, commencing 1st October, 1975. Forms of application are obtainable from, and should be returned to the Dean, not later than **13th June, 1975.**

Anatomy Junior Lecturer (part-time) 1
Student Health Assistant to the Director (part-time) Joint Appointment 1
Junior Lecturer in Medicine 1

THE NEUROSURGICAL UNIT OF GUY'S, MAUDSLEY AND KING'S COLLEGE HOSPITAL

Applications are invited for the resident post of **Senior House Officer** for six months commencing 1st August, 1975. The Unit, which is housed in the Maudsley Hospital, serves Guy's, Bethlem Royal and Maudsley Hospitals and King's College Hospital.

Application forms from Mr. L. H. W. Paine, House Governor and Secretary, The Maudsley Hospital, Denmark Hill, London, SE5 8AZ. Closing date **14th June, 1975.**

BIRTHS

MORRISON: On 25th August, 1974, to Donald and Heather (née Kerr), a son, Richard John Graves, brother to David.

WHEELEY: On 10th May, 1975, at Peterborough Maternity Hospital, to Martin and Holly (née Nelsey), a daughter, Elizabeth Ruth.

DEATHS

Margaret Barrie, wife of Dr. James Barrie of Cuckfield, Sussex, peacefully on 18th April, 1975. Donations to "Margaret Barrie Appeal", c/o Wolfson House, Guy's Hospital, S.E.1.

Richard Evan Lloyd-Jones, L.D.S., R.C.S., at Nuffield Nursing Home, Shrewsbury, on 15th April, 1975.

C. S. Neame, L.D.S., R.C.S., at Westminster Memorial Hospital, Shaftesbury, on 22nd April, 1975.

Dr. J. N. Watson, at Princess Margaret Hospital, Swindon, on 19th April, 1975.

CHANGES OF ADDRESS

Stephen and Tina Challacombe, 35 Glenluce Road, Blackheath, London, S.E.3. Tel. 858 7933.

Andrew and Chris Freeland, 20 Hamilton Road, Oxford, OX2 7PZ. Tel. Oxford 53949.

Dr. J. L. Harrington, Pen-y-Lan, Tregoyd, Three Cocks, Brecon, Powys. Tel. Glasbury 435.

Keith and Sally (née Drew) Stewart, 11 Tanglewood, Alconbury Weston, Cambs. Tel. Huntingdon 890033.

Dr. W. D. Steyn, 154 Croudace Street, New Lambton Heights, N.S.W., 2305 Australia.

PERSONAL

ASSOCIATE ASSISTANT, with or without view, required by three Guy's men for their six-surgery practice on the South Coast; own lab. Mixed Private anl N.H.S. Full clinical freedom. Flat available. Box No. 2/1.

COACH HOUSE, CHISLEHURST—5 mins. station, 20 mins. London Bridge/Charing X. Nr. Common/Golf Course. 3 beds, bathroom, 2 receps., clkrm., kitchen, lobby, utility room. C.H., garage. Forecourt and garden. Brick sunroom and workshop. £34,950. Tel. 01-467 2043 evenings or Box No. 1/5.

MALE STUDENTS required for hop-picking starting 28th August for three to four weeks. 74p per hour. £37.00 per week. Free hostel accommodation. Full details from: E. Wickham & Sons Ltd., Combourne Farm, Goudhurst, Kent, TN17 1LP.

ONE PARTNER required to take over a one-third share of a busy expanding N.H.S./Private practice. Full books, equipped, staffed, ready to go. Five minutes M4, easy commuting Wye Valley and surrounding countryside. Box No. 1/10.

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GUY'S HOSPITAL GAZETTE

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MONTHLY TWENTY-FIVE PENCE VOLUME 89 NUMBER 2247

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

WOLFSON HOUSE

The doors of Wolfson House will be opened to its first lodgers in September. After protracted building preparations, detailed internal designing and seemingly perpetual financial problems, the first ever, all-student Hostel on the Guy's site will be transformed from mere bricks and mortar to a lively and integrated community. This was one of the main reasons for its inception.

Sir Rowan Boland, while he was Dean, believed that students should be able to make greater use of the campus facilities and that the Hospital needed a hall of residence for this purpose. Because of the limited number of rooms, preference will be given to senior clinical students. They will be able to attend lectures, meetings and participate more actively in hospital life after formal teaching hours. Student representatives have, quite rightly, been closely involved in the building of the Hostel and we publish a progress report in this issue. Guy's is one of the last hospitals to offer such accommodation to its undergraduates but it is now evident that it was worth waiting for. The Greenwood Theatre and a swimming pool are generous and sensible features of the complex as they will be of use and benefit to other members of the Guy's community. The new centre will be an important focus of a wide spectrum of student life—a unique concept to the London Medical Schools—and may also, therefore, be considered as an experimental model for others to follow.

It is a great shame that Sir Rowan is not alive to see the realisation of his dream and the crystallisation of the thoughts and endeavours of many people, both Guy's men and their benefactors. Lady Boland has continued and extended his objectives for student welfare with astounding zeal and her inimitable capability. On behalf of the students we should like to extend to her, Professor Lessof's Working Party and the many involved in Wolfson House, our congratulations and thanks.

THE ABORTION (AMENDMENT) BILL

June 21st is the Summer Solstice—"the time at which the sun is farthest from the equator and *appears to pause* before returning"—it is conveniently the Longest Day of the year. The Druids used Stonehenge for their ritual Midsummer sacrifice of one young maiden. In 1675 the foundation stone of the new St. Paul's Cathedral was laid. During the Peninsular War, Wellington defeated Napoleon's army at the Battle of Vittoria in 1813, forcing the French from Spanish soil. The Most Excellent Order of the British Empire was instituted in 1917. From an English point of view these anniversaries could be said to have two common themes; "the triumph of good over evil" and the suffering of women. It is therefore natural that these two themes are united in 1975, in the National demonstration on June 21st against the Abortion (Amendment) Bill.

In moving the second reading of the Bill on February 7th, the sponsors referred to the concern people had over the abuses which had been brought about because of the Act, and in particular referred to the number of foreign women seeking abortions here. The Report of Mrs. Justice Lane's Committee of Inquiry into the working of the Act was published on April 3rd, recommending only minor legal changes and calling for a more humanitarian approach to the problem.

The Amendment aims to restrict the legal conditions for abortion thus placing on the doctor the necessity to take a legal decision as to whether a court of law would accept that the risk to life were "grave" and that there were risks of "serious injury" to health, rather than having the individual freedom to decide what was best for the patient. The right of a doctor to give advice has never before been questioned; but by making it an offence to give advice on abortion to a girl under the age of 16 (unless parents are present) there is a grave risk that young girls will lose faith in their doctors and seek medical information from other sources, in the fear that even minor complaints will be reported to their parents. The sinister aspect of the Bill is in the 1984-type clause that anonymity would be guaranteed for anyone giving evidence in any legal proceedings. The onus of proof that the regulations have been complied with would rest with the accused doctor; this completely disregards the basic principles of British law, that of being innocent until proved guilty, and in time could reduce the status of the doctor to that of a "suspicious" character who, like a petty criminal, can be hauled before the law to explain his actions at the whim of anyone from the local gossip to the malicious crank. And why stop at abortions, why not make doctors justify any medical or surgical procedure?

The Abortion Act has worked well and with the inclusion of the Lane Committee recommendations is sound legislation. Any action that could possibly revert to the dark days prior to 1967 must be strongly discouraged. The light of sensible reason must prevail and any non-scientific emotional views, flavoured by recent misleading horror stories, disregarded. The sponsors of the amendment claim to steer a middle course, but like the Summer Solstice are too close to the farthest Pole. Any further restrictive legislation would be a disastrous threat to the freedom of the profession.

NEWS IN BRIEF

Birthday Honours List

We should like to congratulate the following Guy's men who have received awards in the Birthday Honours List :—

Rodney Geoffrey Swiss, O.B.E., J.P., L.D.S., R.C.S., has been made a Knight Bachelor. Sir Rodney Swiss is President of the General Dental Council and has been a Member of the Council since 1957.

Dr. Brian Duke, M.D., M.R.C.P., has been awarded a C.B.E. for services to Medicine and the community in the Cameroons. Dr. Duke is Director of the Medical Research Council Helminthiasis Research Unit at Kumba.

Dr. Harry Davies, M.R.C.S., L.R.C.P., was awarded the O.B.E. for his services to Medicine as a General Practitioner in Powys (Montgomeryshire).

Honoris Causa

We would like to congratulate Dr. H. M. Worth who has had conferred upon him the LL.D. (Honoris Causa) at a recent Convocation at the University of Toronto. Dr. Worth was a former medical and dental radiologist at Guy's. The citation was presented by Professor H. G. Poyton, a former student of Dr. Worth's at Guy's.

We should also like to congratulate Mr. George Gibberd, C.B.E., F.R.C.S., F.R.C.O.G., on receiving an Honorary M.D. from Melbourne University. While Mr. Gibberd was in Australia in 1952, Melbourne University decided to confer an Honorary M.D. upon him, but unfortunately he was taken ill and never received the award. Recently the Chancellor of Melbourne University visited London and Mr. Gibberd, wearing robes that were specially sent over from Australia, had the degree conferred upon him at a ceremony at Malborough House.

The New Postal Service

On 16th June, a new Post Room opened to serve the Hospital; it is situated at the Newcomen Street entrance, opposite the Out-Patients' Department. There are two letter and one parcel rounds each week-day and a Saturday service to the Wards and Salomons Centre only. Various double collection boxes, one for internal and the other for external letters, are situated at strategic points throughout the Hospital. The GPO box in the Colonnade will remain at present, pending possible transfer to the New Post Room.

Freshers' Week

If anyone is able to help in the organisation of Freshers' Week beginning 29th September, or has any constructive suggestions, would they kindly contact Peter Watkinson.

Report: Summer General Meeting—Clubs' Union

The Summer General Meeting of the Clubs' Union was held on 30th May and was attended by more than 100 people. The Minutes of the Annual General Meeting were approved and signed (this Meeting was reported in the Edition of 22nd February).

The President of the Clubs' Union, Mr. Peter Watkinson, proposed that Guy's Hospital Medical Students should join an Association which was not affiliated to the National Union of Students if such an association was established. It was further agreed that the President of the Union should actively participate in the formation of such an Association.

The *Gazette* Committee requested that the Clubs' Union annual contribution be increased from 65p to 95p per student. Mr. David Fine argued that the *Gazette* could be printed by cheaper methods. He proposed the following Motion: That the Finance Committee place on deposit (a) the extra money requested by the *Gazette* for 1975, (b) the total sum requested by the *Gazette* for 1976 after considering the budget in October 1975. That the *Gazette* Editorial Committee be composed of at least 50% elected representatives. That the accounts and remunerations be published. That production methods be re-examined. That the Council investigate the cost of the Union publishing a student magazine. That the results of these negotiations be presented to the Annual Union General Meeting. The Motion was passed with 37 in favour and 24 against.

The President reported on the arrangements for the Thomas Guy Memorial Ball to be held at the Cunard Hotel, Hammersmith, on Saturday, 5th July. He regretted that it was being held in the holiday time, but hoped as many people as possible would attend, as it promised to be an excellent evening.

A motion was presented by Messrs. Stephens and Markwell which stated that the students of Guy's Hospital Clubs' Union were opposed to the Amendment to the Abortion Bill proposed by James White, M.P., and wished to send statements of opposition to the B.M.A. and the Select Committee of the House of Commons considering the Bill. No vote was taken on this motion as a Petition was to be available for all those who wished to sign it on 11th June.

Mr. Mackenzie reported that the Clubs' Union Council recommended the inclusion of the newly formed Badminton Club into the Clubs' Union and this was agreed by the meeting.

Thomas Guy Memorial Ball

The Thomas Guy Memorial Ball will be held on Saturday, 5th July, at the Cunard International Hotel, Hammersmith, from 7.30 p.m. to 2.00 a.m. Double tickets are now available at £10.00 (Students and Housemen £8.50) from Peter Watkinson or Charlotte Cavanagh, c/o East Wing, Guy's Hospital, S.E.1.

Guy's Hospital Rugby Football Club A.G.M.

There was a good attendance of 55 people at the A.G.M. of the Rugby Club, held on 11th June. The main proposal before the meeting was that in future Rugby should be played as a Club and not on an individual team basis. This change was essential since in past years there has been a lack of support at all levels of the club; many games had been lost through last minute cancellations and lack of willingness to change teams. In future it was proposed to have five sides: 1st XV, 2nd XV, 3rd XV (Angels), 4th XV (Artists) and the 5th XV (Beers). The proposal was accepted with 45 in favour and 3 against. Brendan Hagan was elected as Club Captain.

Theatre Club

This term the Theatre Club is producting two one-act plays : "After Magritte" by Tom Stoppard and "The Proposal" by Anton Chekov. Performances will be in the Physiology Theatre from the 2nd to the 4th of July at 8 p.m. Tickets will be free and will be distributed in the Colonnade from 30th June. A silver collection will be taken in the interval.

Royal Visit

Her Majesty Queen Elizabeth the Queen Mother recently visited Alderney. During the Royal Tour of the island a car flying the Union Jack was seen coming towards the Royal Car with an exuberant occupant frantically waving a nautical cap. Her Majesty turned to the President of the Island and asked if the loyal supporter was a retired sea captain. The President replied: "No Ma'am, he is a retired Doctor". (A Guy's man, of course.—Ed.)

Things that go Bump in the Night

The following appeared in a publication from an establishment up the river :

"I hear that, not satisfied with their nautical victory over Thomas's Cottage Hospital in the Bumps recently, certain members of the Rowing Club (being in a suitably inebriated state following the Dinner and Hop on the Friday) decided to add insult to injury. T.C.H. has now received a much needed face-lift, and is resplendent in Red, White and Blue paint—a great improvement. May I welcome T.C.H. back into the S.T.H. group after their long and unseemly absence?"

The Works Department has appropriately blackened this dubious achievement.

Street Signs

The Editorial Staff are pleased to report that the following names are recorded in the A to Z of London as follows :—

Clive, 7 entries; Michael, 14; Bourne, 4; Angus, 3; Peter, 5; Tillman, 1.

HEAD INJURIES AT GUY'S HOSPITAL

H. A. Goudarzi

Introduction

The full pattern of incidence of head injuries throughout the year at Guy's Hospital is hard to determine. A study was made of head injuries at Guy's Casualty during May and June 1974 in order to analyse the overall incidence and causative factors responsible for a significant number of admissions every year.

Method and Clinical Material

The total number of patients described as head injuries and those admitted to Guy's during these months were examined—with particular reference to positive radiological and neurological findings (see Figure 1).

HEAD INJURIES AT GUY'S CASUALTY

	May 1974	June 1974	Estimated patients per year
No. new patients	3,418	3,503	41,500
Head injuries	103	98	1,200
Admissions due to head injuries	17	18	210
Patients with fractured skull	2 Depressed# Not KOD 2 Others	2 Depressed# 1 KOD 1 Not KOD 3 Others	55
Drunk and head injury	3	1	48
Swelling on the scalp	1 CSF Haematotympanum	1 CSF	12
Headaches etc.	1	1 Facial ticks 1	15

FIGURE 1

There were 201 patients with head injuries; 35 patients were admitted and of these, 5 underwent neurosurgical operation. The pattern of head injury and age of patient is illustrated in Figures 1 and 2 respectively. These data exclude patients suffering lacerations to the face or multiple injuries associated with road traffic accident.

Children up to the age of 5 comprise 26%, the largest group. Children age 5 - 10 form 19%. The younger children particularly, presented difficulties in precise history taking and clinical assessment. The majority of them had sustained injuries as a result of accidental falls but a considerable number had received a blow to the skull.

These were mostly accidental. In older age groups they were due to fights. Injuries by blow to the head were particularly interesting in that any laceration might not be very large but might show a depressed fracture. The agent responsible for such an injury varied from a children's swing, golf club to hammers, etc. Two cases of fractured skull were investigated for "Battered Baby Syndrome" but results of investigations were equivocal.

In the 5 - 10 year age group, the majority had suffered accidental falls on stairs, from walls and bicycles, but in the adults, falls were from building sites, or motor cycle or road traffic accidents. Falls from building sites outnumbered road traffic accidents.

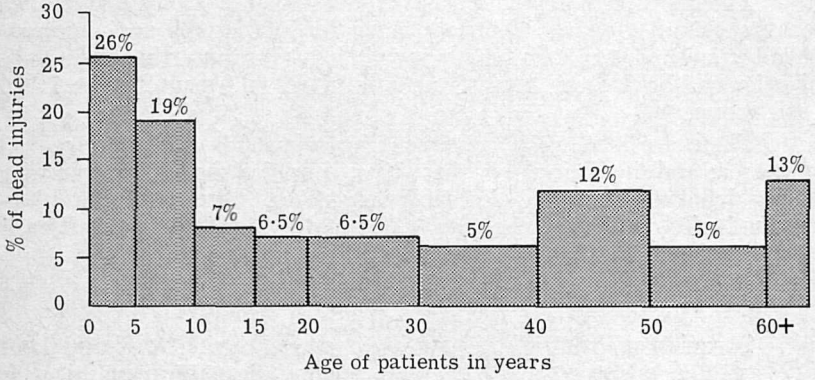


FIGURE 2

The time intervals during which different head injuries presented were interesting. Nearly 90% of patients seemed to present in the afternoon or evening, although occasionally severe injuries were brought to Casualty in the morning. The majority of the up to age 5 group seemed to find their way to Casualty in the evenings after their parents had returned home from work or shopping. Histories were grossly imprecise in a considerable number of patients, and the parents had brought their children because either they had observed some physical signs or had been given the history by other children or observers regarding the nature of the injury. There seemed to be certain mental fixations among parents that skull X-rays were the only conclusive diagnostic tool. As the night went on, the latecomers showed their faces in the Casualty. They were mostly patients who obviously had been drinking. As a matter of interest, the Irish hit their opponents on the head with a bottle, the coloured population use teeth or knives but I have yet to see an Indian patient with severe trauma due to violence. Strangely, head injuries due to motor accidents were much less common than those due to personal violence.

Discussion

The data illustrated in Figures 1 and 2 were obtained during May and June 1974 while the climate was very agreeable. Probably this gave children a greater opportunity to go outdoors and stay outdoors for longer hours during the day. Perhaps the shape of the histogram

will completely change when one considers the winter months. It is interesting to note that this pattern of head injuries was very much related to the social classes.

The area around Guy's Hospital is mainly inhabited by people in social classes III, IV and V and a few tramps, alcoholics and the homeless. The majority of people live in multi-storey council flats and houses which do not have adequate space for children to play; the stairs in the buildings are made of concrete and the lifts, if present, are not used frequently by children. A large number of parents go out to work but mothers who stay at home do not seem to have enough control over their children.

The question is how much accident is due to lack of play facilities in the vicinity or lack of proper education of parents and children. Wall climbing, tree climbing, playing in the slums, throwing milk bottles and bricks, etc., seem to be favourite hobbies among the 5 - 15 age group.

There are inadequate numbers of playgrounds and space within the area; and the majority of them have been designed by people who have definitely neglected the safety measures. One particular playground with concrete tunnel, pool, hills and pyramids might well have been designed for baby Ibexes rather than human beings.

Conclusion

A review of head injuries having occurred during May and June 1974 at Guy's Catchment Area is reported. The pattern of injury is a reflection of socio-economic problems in this part of London.

Considering the causative factors one might hope to reduce the number of head injuries and other casualties by :—

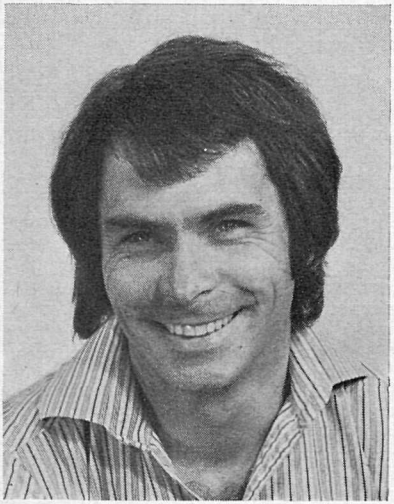
1. Proper education of parents to make them more aware of dangers of neglecting their children.
2. Providing more nursery schools and properly designed playgrounds.
3. Wearing helmets on building sites.
4. Compulsory use of safety belts by drivers. (Although we have not considered head injuries due to road traffic accidents in this study.)

The only minority group who are least likely to be helped are people who lose their temper by alcoholic intoxication. One cannot stop people from drinking but one can make plastic bottles available for storing alcoholic beverages.

Admission of nearly 210 head injuries per annum to this Hospital warrants establishing a head injury unit supervised by Neurologists and Neurosurgeons. If such an organisation seems remote or impossible, creation of a short-stay observation unit within the vicinity of the Casualty Department will alleviate the burden to the Hospital staff of admitting drunks and other social problems, who may have sustained head injuries and will improve the management of such patients.

INTERVIEW WITH J. S. CAMERON

The Editor interviewed J. S. Cameron, B.Sc., M.D., F.R.C.P., the first Professor of Renal Medicine at Guy's Hospital Medical School, on Thursday, 8th May, 1975.



J. S. CAMERON

Handler: "You projected a rather low profile in the recent Philpott File TV series and in view of the general opinion of your rather flamboyant, perhaps extrovert manner, this is surprising. Would you like to comment on it?"

Cameron: "I think that only means that you are used to cameras, and in fact as everyone at Guy's who was filmed by the Philpott team knows, they were very unobtrusive. Certainly the camera is a little bit inhibiting. Maybe I was just feeling a little tired that day. I would admit to being extrovert, but flamboyant? I think it's just me, I mean I happen to be thyrotoxic and aggressive, and you know people perhaps expected it a bit more at the time. Everyone has fluctuations of mood, you know."

Handler: "For instance, I am sure many people would like to know why you don't wear a tie. Indeed, you are not wearing one this morning."

Cameron: "Well, I was for the first three days of this week! I like ties actually, and hope that some people with longer memories will know that I used to wear a wide collection of very bright ties. No, it is just that I am more comfortable in a pullover in the winter and a shirt in summer, and sometimes I get up and feel like wearing a tie and I wear a tie. Rather, you know, dress is a very personal thing and I dress to please myself.

I think there is one thing about this though, while we are on the subject of doctors' dress. For instance, normally when I am on the wards, I wear a white coat but I am not sure that for patients it is important what the doctor wears. That is the first thing which a nervous and perhaps frightened patient, especially one you've never seen before, sees about you—your clothes and how you behave; rather than precisely how you look and what your face is like. I know that a lot of patients have been, and are, very put off by the way doctors dress. They see them as figures whom they can only respect and perhaps not relate to very easily. I fear that the replacing of the black suit and pin-striped trousers, with the white coat may be even worse. It injects a sort of aura of remote science and remote medicine and in many ways it'd be perhaps better if we all rolled around in perfectly ordinary clothes, so that patients can see that we are ordinary people to whom they can talk. Patients have said this to me, "I like you, because you don't look like a doctor at all, you look like an ordinary person", and I think this question of dress is not an entirely frivolous question. It is important to try to appear like a human being, and not like a Doctor, with a capital D."

Handler: "Students in the very near future will be exposed to much more Renal Medicine. First of all, do you think that this is a good idea, but do you have any reservations about the new clinical curriculum?"

Cameron: "I've been concerned to a small extent with the new clinical curriculum, but purely specialist Renal Medicine is what? At a generous estimate 4 or 5% of the whole clinical curriculum and that would probably have to include all the surgical aspects including Urology, so we are not in terms of the actual frequency of the disease we treat—big fish in the clinical teaching. Obviously we can teach an awful lot of things on our patients whose problems may not be common ones, but finally I think there is no substitute for seeing a lot of variety around the common scene. So perhaps the undergraduate student should be protected from people like me a little, and this is one facet of the changing role of the Guy's site within the Guy's Group. Namely that it is tending towards more specialist Medicine, less General Medicine and more specialist units which makes it, perhaps, a much less suitable place for undergraduate teaching. So the feature that I think I like best as a specialist, about the new curriculum, although it takes the students away from me, will be that much of the clinical teaching will be off the Guy's site."

Handler: "Do you have fixed views on how you approach and choose transplant patients?"

Cameron: "No; I think any doctor who approaches patients with fixed views is in for disaster, or is going to do very bad medicine. Obviously you have to have certain principles by which you practise but I think the essence of medicine is to approach every patient as an individual problem, and this goes for transplantation, it goes for headache and it goes for flat feet. Social circumstances and not the sort of person that the man, woman or child is, are going to determine overwhelmingly how you will approach it. We do have a few rules, for instance, we are reluctant to transplant children under the age of 5, and we are reluctant to deal with people in chronic renal failure over the age of 65. I don't think this is defensible in any fashion; it is simply a problem that the results are, at the moment, much poorer in these age groups. At some point you have to make a rather arbitrary decision in the terms you've mentioned, as to what you can do with the cash you have available which the country and the N.H.S. "give" you. I wouldn't defend it on moral grounds and if a fit 66-year-old comes in or if we happen to acquire a 3-year-old because his (or her) kidneys stop working, then you probably have to go ahead, but we don't go out looking for them in the way that we would go out deliberately looking for a 40-year-old or a 20-year-old. So age is practically the only exclusion that we adopt. Many units will not transplant anyone over the age of 40 or 45, which puts me in a rather difficult position with most of the Staff at Guy's; certainly the Cabinet would be almost totally excluded!"

Handler: "A Guy's consultant recently called, or referred to the Renal Unit and transplantation team as a 'screaming parrot house'. How would you react to this?"

Cameron: "Well, we make a lot of noise! Well, some of us make a lot of noise—I think there are a few quiet ones. We happen to have a noisy way of living and whoever said that presumably has a quieter way of doing things. I think our way of doing things is probably offensive to him. Perhaps his way of doing things is equally offensive to us!"

Handler: "Why did you do renal medicine?"

Cameron: "Well, I did a B.Sc. in Physiology, which I must say is one of the very good features of the undergraduate course at Guy's and the other London teaching hospitals. It was the first time I ever learned to really think. I certainly hadn't been taught to think critically at school so I got interested in Physiology intellectually. In the late fifties, when I was a clinical student, the application of Physiology to Medicine was just creeping through. Cardiology was the earliest group, I suppose, based on catheter pushing technique, and Renal Disease was still rather academic in those days. Of course we came on to the clinical field on another technique, namely dialysis, but at that time it looked to me like an area in which one could apply Physiology to Medicine, and it hadn't really been very adequately explored, and that's what took me into Renal Medicine. It wasn't a conscious decision."

Handler: "What do you see as your main role as the first Professor of Renal Medicine at Guy's?"

Cameron: "Well, my Chair is a personal one, as you probably know, founded by the Wellcome Trust (and we ought to get that in, just that it might help Maurice with his fund raising,) for the first five years. Then the University will take it over, and clearly, therefore, I have a different relationship with the Hospital than a Professor of Psychiatry or a Professor of Medicine has, in that to a certain extent I am being given this post to do things which are not necessarily concerned with undergraduate student teaching. I would see our role as mainly towards research and postgraduate instruction. In other words, as I said earlier, students ought to be protected a little from theorists like me, although I would like to believe that I could still teach General Medicine and practise it. In fact, I would welcome and in fact plan more involvement in General Medicine in the future. I think to be too specialised is to be cut off from the roots of what we are doing. I would see our role principally as making Guy's a centre of excellence in renal research. I think it already is in clinical study, and making it a centre, along with our colleagues down at King's for example, of tuition in postgraduate renal disease for practitioners, physicians and surgeons, in our region and area. We are trying, in fact, to formalise this at the moment. I think our role for undergraduates (and I regret this to some extent) is to see it in the context that I mentioned earier, as 4% of the curriculum. We are secondary—small fish in the undergraduate field."

Handler: "What is your main research interest?"

Cameron: "Especially now that Gwyn Williams has joined us, the main interest has been to try and crack glomerulonephritis, not only because this is an interesting subject but also because it causes, perhaps, as much as three quarters of the chronic renal failure we have to waste so much money and time in transplanting and dialysing. We certainly won't get rid of dialysis and transplantation unless we can crack glomerulonephritis and this is basically, as far as we can see, an immunological allergic disease. Our main research interest really centres round the problems of the immunology of nephritis and the principal thing we are pushing in this is the idea that nephritis and nephritic diseases may be a brand of immuno-deficiency. In other words, people who get nephritis aren't hyper-reactive to stimuli like foreign antigens, they are hyporeactive and so fail to get rid of the antigens, and a chain of events occurs that produces nephritis."

Handler: "What else do you think you could have done besides Medicine?"

Cameron: "Well, I thought a lot about doing several other things, one of which was Neurosurgery. I was very interested in Neurology when I was doing the Neurology HP here. I was partly conditioned in not going into Neurosurgery. I had my Membership rather early, in fact while I was doing that job, and I thought, well, I've got a chance now to do Fellowship and take up Neurosurgery. I am glad I didn't, because I don't think I have the exacting temperament. I am basically, I think, a little careless and they want someone around who is more meticulous. The other thing was that I already had two kids who were quite old, were already at school, and the career structure for Neurosurgery as you know is not the briefest, and that deviated me away from Neurosurgery and Neurology, and I think that was a wise decision. I've always been very interested in Psychiatry and I thought very hard about going into Psychiatry, and I try and do, you know, what you might call Psychiatry in Medicine as a part of our practice, as I think we obviously should. After all, again from the undergraduate point of view, the important aspects of Psychiatry are not specialist psychiatric diseases but the approach to the patient, and of course that is exactly what the Department of Psychiatry emphasises very strongly. It's what I try to live by; it's not always easy. But the thing that took me out of psychiatry was, I think, a depression with the techniques that were available and basically a realisation that many of the problems that I was seeing, had a psychiatric flavour, or in my limited experience of pure psychiatry, were people who frankly were producing entirely reasonable responses to intolerable circumstances. Since I couldn't change these circumstances, since they related by and large to the past and to the living situation the patient was in, I found myself patching up people to send them back to situations which I agreed were quite horrible."

Handler: "But surely isn't it analogous to dialysis?"

Cameron: "If you like, yes. It's support for a situation where we sometimes have to re-tailor our dialysis patients' lives almost completely. We don't often have to find them new wives or husbands but frequently have to find them new houses and new jobs, and it worries me a lot that we are interfering so grossly with their privacy, if you like, and it seems similar to psychiatry—I take your point. I find the situation a little less hopeful in psychiatry. We have managed to make our dialysis patients independent to the degree where they actually turn round and kick us, and I think we all regard this as a very hopeful sign. When a patient starts complaining, then we know we've won, because he feels independent enough and I suppose that again is a goal in psychiatry. But you know I still wouldn't mind having practised psychiatry. I think probably the best thing for me or anyone who feels like this, is to try and practise this sort of psychiatry in the practice of their medicine. It is, as I said earlier, far more important for the undergraduate, to see us doing that than to have formal psychiatric instruction about the psychoses and again, I know this to be the leaning of the department here."

Handler: "What about outside medicine—are there any jobs at all you think you could have done?"

Cameron: "Well, I very nearly went to Art School—it was a very close run thing, as the Duke of Wellington said."

Handler: "How old were you then?"

Cameron: "Oh, eighteen, nineteen. I did art at advanced level at school and for a long time I painted a lot, and one of my regrets is that for the last five or ten years that is rather being phased out. I enjoy looking at paintings but I've almost stopped drawing. I hope one day I'll get back to doing it again."

Handler: "Do you think the students coming in to Guy's now—the new undergraduates in medicine—are not so talented? The high academic standards

required often mean that they don't have time, not only at school but worse still, perhaps, during their medical training and subsequent post-graduate work, for things like art, music and so forth."

Cameron: "Well, there are three things here. One is that our educational system at the moment seems to turn out the majority of people who are incapable of critical thought. That was the case with myself and it is still the case. It is depressing to have to start at 23 years of age to try and teach somebody the basics of how to use their mind. I mean, that is disappointing when they've supposedly been going through a process which should generate this over the previous fifteen years. Indeed, all their learning reflexes are in the wrong direction, the acquisition of facts, I mean, they've learnt, in a phrase, to satisfy the examiners, and this dominates school education. My wife's a teacher and when I talk to teachers, they all say "Ah, but it's you at the Universities, you impose these examinations on us". So we're all agreed that there's something grievously wrong even before the student gets to University, and certainly the present regulations for entry into Medicine tend to turn out a stereotyped person who has a stereotyped background, we all know this. He's basically middle class/upper middle class, he will have gone to a fairly similar school and have a fairly similar mental furniture. There's not a lot of variety when he comes to his first University, to run himself off, (sorry, that's an unfortunate turn of phrase) to generate new ideas. There's not a variety, and you usually come straight from school now, which I think is a bad thing. My daughter's just left school and is going to Sussex to read Psychology in October, and one of the good things I think she's done is just to run around for a year, just doing things, meeting people. I am sure that will give her a much better perspective on her undergraduate course. I would prefer people to do something, anything, I don't care what, following their school years, before coming directly to Medical School."

Handler: "I agree that an extra year after school, or even a few months after school, may be a good thing, but just talking to people and travelling around doesn't seem to me to be a very good way of doing it. Do you think students wanting to do psychology, for instance, should work in Psychology Units, to give them even more specific experience?"

Cameron: "I would contest that strongly. I think the school of life is a good deal better. I don't think you ought to want it to be a formal thing. I think one forgets perhaps, because we all work and live within it, how narrow and constraining, the whole educational system is—school, University and Medical School, and so one churns up through this system, and going into a formal unit like the one you've described is simply an extension of this. You want to go out and dig a ditch, or work on a croft in Scotland, or just hitch your way round South America, just meeting people, that's all, just seeing the variety. I mean many people come from school from what you might call protected and sequestered backgrounds, and they've never met the sort of people they are going to encounter as patients here at Guy's or in their practices. They really don't know who they are, or what they are or what makes them tick. It's absolutely incredible but it's the straight truth, and the impact when dealing with this when the students are perhaps quite young, say 20. They find themselves looking after people in a very real sense and then they are completely at sea, and some become very disturbed. Somebody from round the corner, from the Borough, Borough Market, fifty, say, there he is having this woman telling him all about her emotional, personal, and other problems, you know, this is not something of which he has the remotest experience, in his family background, his educational background, or now his undergraduate background, and he can't cope with it, and we've given him no equipment to cope with it. I would suggest that a year of the sort that I've described would provide him informally, with much better equipment to do this than any formal course that we can give him."

Handler: "But surely this is almost what could be called innate talent, or skill?"

Cameron: "Yes, I think that doctors, good doctors, are born and not made. I think you can simply bring out the talents and allow people to do their best,

and this brings us to the question of student selection. People go into Medicine who are hopelessly unsuited. Even before we interview people, or see them, or hear about them, they've been selected many times over. Witness the bias that we were talking about earlier; the lack of variety in social background, the sameness, if you like. I fear that we are getting stereotyped students in, and ever since I was a student myself, and right now, you know, with the clubs that I am concerned with at Guy's, it's always the same story. A minority of active students doing all the things around the place, generating the ideas, generating the activities, and a majority who are loath to participate in anything outside their formal studies, who will be at a disadvantage when it comes to examinations and clinical teaching. It's always been the same at every University and I don't suppose it'll change, but it is disappointing not to see it changing with the way Universities are going now. I suspect that in fact the faculties of Medicine reflect it much less than other faculties, and I don't want an Essex situation here. I would like the students to be more actively critical. I would be happier if they were more aggressive in pointing out what they feel are the deficiencies in the Course, but obviously this has to be done constructively, and I think this is where we all, the students and the teachers, face problems in any undergraduate curriculum. We can all see things that aren't right, but we find it very difficult to specify exactly in what way they are wrong; we find it very difficult to measure what is wrong, to pin-point it, and finally we change something to measure how we put it right. It comes right back to the fundamental question:—what are you trying to do with the medical course, what are the measures of a good doctor? The only thing we have succeeded in defining is the basic lecture course and the minimum amount of knowledge that will satisfy the General Medical Council. That's all we've ever been able to define; all the rest is really very difficult to pin down. Everyone fully recognises a good doctor when they see him but I am not sure that everybody is very good at doing this. I don't know how you pick from 17 and 18 year olds, who is going to be a good doctor, because I am not sure what a good doctor is. If somebody has the talents which we all think are necessary for a good doctor, like ability to relate to people and a certain amount of emotional equilibrium—obviously a basic level of intelligence can be measured easily—and an ability to stand up to hard work! At the moment we don't seem to have any ways of measuring 17 and 18 year olds and predict them, and that is very disappointing."

Handler: "And finally, how do you best like to relax, when you do have the time?"

Cameron: "Mostly I read and listen to music and when I'm away, because I live in a big city, I like to get right away. I go to Scotland for my holidays. Last August I was up with the mountaineering club in Glencoe."

Handler: "Professor Cameron, thank you very much."

GUY'S DIARY

The following clinical lectures will be given in the Anatomy Lecture Theatre at 1 p.m.

JULY		
1	T	Dr. A. S. GRIMBLE "Sexually transmitted disease and genito-urinary infection"
3	Th	Mr. R. S. LAWRIE "Siamese Twins"
7	M	Mr. A. K. YATES "Significance of vascular surgery in cerebral transient ischaemic attacks"
8	T	Mr. G. BLACKBURN
10	Th	Dr. C. L. JOINER
14	M	Mr. M. RENDALL
15	T	Mr. T. M. COLTART "The pregnant diabetic"
17	Th	Professor H. KEEN "Diagnosis and treatment of acromegaly"
21	M	Dr. C. S. OGG "Regular Haemodialysis"
22	T	Professor M. H. LESSOF
24	Th	Mr. F. N. GLOVER
28	M	Dr. A. J. S. SAUNDERS
29	T	Dr. C. CHANTLER
31	Th	Dr. G. W. SCOTT

NOTICE

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date. Publication dates for the next three months are : 26th July, 30th August and 27th September.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notice 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

WOLFSON HOUSE

— A Message from your Representatives

As many of you will have noticed from all the official notices put out by the Medical School, Wolfson House, Guy's new student hall, will be open from the 7th September this year. This will make available 181 study bedrooms and 29 take-in rooms. At the last meeting of the Hostel's Committee, it was thought to be a worthwhile idea if the student representatives (that is, us!) wrote a brief word about the new Hall and what it offers.

One of the major points discussed at the last meeting was the one relating to rent. The subject of actual cash is always anathema to students, who tend to operate on the maxim of "the cheaper the better"! The magic figure of £9 per week was arrived at after long discussion of several proposed balance sheets drawn up with the usual diligence and foresight that we have come to expect from Mr. Bompas. This figure, it was felt, allowed for the present level of inflation and should not need adjustment until the end of one academic year. Mutters of discontent were heard from the students and so we decided to compare this with the lot of others in the University at the halls in Bloomsbury who will be paying £16 per week from October (including breakfast, dinner and week-end meals); with those at Bart's who are paying £6.20 at present (this is due for revision upwards in October) and the Middlesex who will be paying at least £6.50 from October. Now these are much less than £9. Agreed, but, unfortunately, these other places do not have to find the substantial rent of approximately £60,000 a year. This figure is due to fall by levels of approximately one-fifth yearly provided the School's continuing appeal for funds (which is shortly to be directed at the City) is successful, and the room charges have been geared to producing £20,000 a year towards this rent. In addition, compared to rents in flats, currently at £6.50—£7.50 per week, add on the not unreasonable sum of £1.50—£2.50 for gas/electricity/laundry and the figures look remarkably similar. Also, there is the considerable convenience of living on the site—rolling out of bed at 8.45 for a lecture at 9.00 is very appealing. Travel expenses, too, are an important financial incentive. Taken all round, at £9 the deal looked impressive and was accepted unanimously.

"What will we receive for this princely sum?" cries a plaintive voice. Wolfson House comprises 15 floors, each identical. They are served by three lifts. The floors are divided into two areas. As one leaves the lifts—to the right are the students' rooms, to the left are two flats, one two-roomed for houseman's married quarters, and one four-roomed for physios, radiographers, etc. These will be let by the Hospital. The students' rooms occupy the back and front of the building—seven on each side. Dividing the two rows of rooms is a central area in which there is a shower, a bathroom, three toilets, a kitchen with stove, fridge, sink and cupboards and a dinette/common room with seating for, surprisingly, 14. The rooms contain a wash

basin, capacious bed with duvet, desk, lamp, large wardrobe, cupboard and a small sideboard. All this has been provided under the aegis of Lady Boland. By the time this is read, many will have been on the Medical School guided tour so we will not elaborate. It is hoped that each floor will form a sort of commune or community in which like people of like mind, will group. What effect this may have on the legendary apathy of Guy's is interesting to speculate! Security-wise, the ground floor has no windows, and all floors have a locked door between the lifts and the corridor. The ground floor door will always be closed.

Other extra mural facilities include the new swimming pool right next door with entrance from the House; the Greenwood Theatre in which, apart from excellent Guy's Hospital promotions, will be a variety of music, ballet, opera at all times; as well as all the old attractions of the East Wing.

It is hoped that most rooms will be allocated by the 4th July and, unfortunately, due to the problem of vacation sub-letting, preference will be given to clinical students. Anybody who is interested please contact the Medical School office, soon.

There are many other points one could elaborate, e.g. the large coin-operated launderette on the ground floor, the fabulous view across London from the higher floors when Muir becomes intolerable, the social potential of such a place; but space is prohibitive. If there are any other points or ideas of any kind, we would be delighted to hear them and put them to the Committee. Please drop a note in the pigeon holes if anything relevant comes to mind.

Rudy Bilous.
Adrian Dighe.

BOOK REVIEWS

"Needle Biopsy" by Thomas J. Deeley. Pp. 170. Price £3.50. Published by Butterworths.

This is a useful book and will be of help to surgeons, physicians, radiotherapists and pathologists. It is in two parts. The first deals with general considerations of needle biopsy describing the equipment required and the various techniques used. It deals adequately with the indications for biopsy and the advantages and disadvantages of the various techniques. It rightly points out that the fears of disseminating tumour along the needle tract are exaggerated. It also expresses sympathy with the pathologists having to make his diagnosis from such small samples of material.

The second part of the book is devoted to the problems of biopsy at specific sites and for each site the pros and cons, and all the details which a practising clinician requires, are described in an admirable way. The descriptions and diagrams are excellent. This book can be thoroughly recommended to all who are concerned with this important subject.

Ian McColl.

"Chest, Heart and Vascular Disorders for Physiotherapists". Ed.: Joan E. Cash. Pp. 358. Illustrated. Price £6.95. Published by Faber.

Since the 1950's Miss Cash's two books on Medical and Surgical Conditions have been invaluable texts for physiotherapy students throughout the country. While they inevitably left gaps which needed the supplement of other books to give a student the comprehensive knowledge of the wide range of subjects which she is expected to acquire, they have nonetheless provided a reliable, practical, and most importantly, regularly up-dated guide to help her not only to pass qualifying examinations but also to apply her knowledge in the context of modern practice.

Now, in acknowledgement of the developing specialisation of physiotherapy, the original two works are to be supplemented by books concentrating on specific areas. Miss Cash has always invited the collaboration of colleagues with particular experience, and in this volume she has edited the contribution of five physiotherapists including Diana Innocenti, the Guy's Superintendent Physiotherapist, who is responsible for the section on thoracic surgery. Other contributors—Miss Gaskell from the Brompton, Miss Beazley and Miss Pickering from St. Mary's, Miss Waddington from the United Manchester Hospitals—write on pulmonary disease, cardiac conditions, peripheral vascular disease and intensive care.

Each section is written as a complete unit so there is some repetition, but, on the whole, editing has reduced this to an acceptable level, and, while different opinions are expressed and methods described, they are harmonised successfully.

The line-drawings by Audrey Besterman are, as usual, masterpieces of clarity and the clear descriptions of apparatus and procedures in use in the treatment of patients make this a book which can be whole-heartedly recommended to physiotherapy students preparing for their Intermediate and Final examinations, and to members of staff who are engaged in this field, particularly, of course, physiotherapists but also other members of the team involved in the care of this group of patients.

R.J.C.

"Medicine for Nurses", 12th edition, by W. Gordon Sears and R. S. Winwood. Pp. 568. Price £9.00. Published by Edward Arnold.

This well established textbook, having been in existence for forty years, has now reached its twelfth edition. This fact alone is calculated to serve as a recommendation and to ensure that it will continue to be used by nurses.

The text of this book is clear, and this facilitates its use for reference. The diagrams also are well drawn, and there is a good range of relevant photographs. On reading through the book, however, one cannot help but question some of the statements made. It is of course a fact that many books are out of date before they are published, but some of these doubtful statements concern subjects about which knowledge has been common for some considerable time. For instance, in the chapter describing Tracheostomy tubes, no mention is made of the now commonly used plastic variety. One is also led to query the description of Autism and Down's Syndrome, which incidentally is still described in the now outdated term of Mongolism.

Despite these and a few other omissions, however, the book is as comprehensive as could be hoped of a publication which attempts to describe the whole of medicine in something under six hundred pages. Unfortunately, though, the price—an iniquitous £9.00—is likely to act as a deterrent to any nurse contemplating the purchase of a medical textbook, and it will be interesting to know if the sales are reduced. In addition, one is also hesitant to recommend it for library use when there are other less expensive and equally good publications on the market.

Pam Jeffries

NURSING

HAS NEED CHANGED TO GREED?

During the last year, nurses have experienced an unprecedented improvement in their financial status, which has in some cases amounted to an increase of 75%, when both the Halsbury award and the annual salary reassessment are considered together. The Halsbury award was of course back-dated, and for those whose employing authorities were a little tardy in accomplishing their arithmetic, the cheque, when it did eventually arrive, came as something of a pleasant shock. However, this unfamiliar experience left many wondering how to handle such unusually large sums of money. This sense of unfamiliarity also caused the necessity for some adjustment to the fact that one was now sufficiently well paid to be considered for a mortgage loan.

It is probably true to state that most nurses are extremely pleased with these awards, as even students are now receiving £30 each week. As one journalist commented, the profession is now in the ranks of the better paid.

Despite this, however, one disturbing fact has recently come to light. An announcement in the press stated that one of the unions to which nurses are eligible to belong, are to request a further increase of £10 weekly for student nurses, and a reduction in the number of hours worked. It is well known that the unions have difficulty in recruiting nurses, and also that many who joined during the disturbances of last year, have since become extremely disillusioned and have resigned. This fact is not surprising if these organisations are going to persist in displaying such irresponsible attitudes.

The leaders of these unions have, of course, no professional training, but it is inconceivable that, in the present economic climate, such action could be contemplated. In addition, the proposal for a reduction in the length of the working week merely demonstrates their total ignorance of conditions in hospitals at the present time, and lack of forethought regarding their own welfare, should they have the misfortune to require nursing care, since there will be none available. One can only assume that they would elect to have private treatment!

The majority of hospitals are experiencing acute staff shortages and as the number of working hours has been reduced over the years, the pressure put on nurses has increased considerably, and is probably contributing to the large numbers leaving the profession. A further reduction will only exacerbate the situation further, and cause closure of more beds. It is, therefore demonstrating lack of intelligence to make a request which can only be regarded at best as thoughtless, and at worst dangerous.

It is clear that the union leaders have little conception of feelings within the profession, nor have they researched their project very thoroughly. Until a more responsible attitude is demonstrated, recruitment will continue to be at a low level, and those who profess to have the interests of their members at heart, will be regarded with derision and scorn.

PHYSIOTHERAPY

BUREAUCRATIC BARRIERS

In the Guy's Philpott programmes it was observed that physiotherapists were among the least militant of the Hospital population during the "troubles" of 1974. Nevertheless, we are in a state of confusion about our future. Perhaps it is necessary in order to comprehend our dilemma, to look back on our evolution from our beginnings as an off-shoot from the nursing profession. We were for many years under control of the Matron, and, indeed, initally all students were first nurses. As the profession trained its own teachers and the Society set up its own examinations, the situation progressively changed until the Sister-in-Charge was replaced by an autonomous Principal in charge of training, and a Superintendent in Charge of the Clinical Staff. The latter was, and is, responsible for day-to-day administration of the Department and for the treatment of patients, although the Principal retained a general interest in Staff appointments and dispositions, and in policy-making.

For some years, many have felt that to combine efficiently the headship of a School and supervision of several hospital departments was an impossible task, and the Management Arrangements provision for the establishment of District and Area posts was welcomed, albeit with caution. However, so far, the DHSS has not seen fit to go beyond an interim arrangement whereby AHA's are required to designate a senior physiotherapist as having responsibility for advising management teams and ensuring the maintenance of professional standards. At Guy's, Physiotherapy grew up under the control of orthopaedic surgeons and general physicians, and then, when the specialty evolved, of consultants in physical medicine. More recently, we have been under the aegis of the rheumatologists and had, in recognition of our developing maturity, been given the opportunity to take increasing responsibility for our own affairs. This trend was endorsed by the Rehabilitation Report, and enabled us to deal more directly with the consultants in charge of our patients.

Now, the "designated" therapist is accountable to the district community physician who in turn, it was recognised, would require medical advice on the clinical aspects of the remedial services and rehabilitation, and so AHA's were instructed to make a further designation, this time of consultants who could provide this advice. We are not anxious to have an over-developed administrative superstructure—indeed if we do, it will be at the cost of removing all our more experienced therapists from the work that they are trained to do. The sooner a properly constituted and defined District, Area or even Regional post is created, the better, so that the best use can be made of physiotherapy today, and we at Guy's can concentrate on developing the training and service elements within a rational framework.

CORRESPONDENCE

New Clinical Curriculum

SIR,—The letter published on 31st May about the new clinical curriculum quite rightly draws attention to two important problems we have had to face while planning the introduction of our new course in October. The problem of communication is one we have never fully overcome but in theory should have been met by student representation on our working parties and by open discussion in the School Council and Curriculum Committee. Unfortunately consultation and communication in practice usually starts in earnest when the plans are about to be put into operation and although this does not accord with theory it is a fact of life and we have reached that stage now.

The other problem is much more important and I fully sympathise with the sentiments expressed in the letter. The new clinical curriculum is so fundamentally different from our existing version that the transition has to be an abrupt change from old to new. This inevitably will produce a change in clinical studies for those students at present working under the old course and we have done our best to mitigate any hardship caused by this.

Our first step was to write to all students as soon as the new curriculum had been agreed and give as much notice as possible. Each entry was examined to provide a timetable which ensured that all or most of the unfinished course was provided within the framework of the new curriculum and each entry was allocated to a tutor who is responsible for handling all problems peculiar both to the entry as a whole and to individual students. Each tutor had already begun consulting with students and if anyone still has a problem they should ask for a further meeting with their tutor if Mr. Baker in the Medical School Office is unable to help them.

Far from being complacent or indifferent to the special needs of students caught up by the transition we are most anxious to deal as swiftly and effectively as possible with all problems and I am grateful for the opportunity to make this clear.

Yours faithfully,

TIM CLARK,

(Chairman, Curriculum Working Party).

Guy's Hospital,
London, S.E.1.

SIR,—May I congratulate all those involved in preparing the new clinical curriculum. Only time will tell just how successful they have been but they certainly deserve credit for working so hard and so well at such a mammoth task.

I am delighted to see that the Guy's "Apprenticeship" tradition has been preserved in the clinical years, as I am sure that this has been responsible for the high quality of clinically orientated doctors produced by Guy's over the years.

Yours faithfully,

R. D. HILL, M.R.C.P.,

Consultant Physician.

Poole General Hospital,
Longfleet Road,
Poole, Dorset.

Gazette Finances

SIR,—It is clear, that in a time of rapid inflation, all individuals on fixed incomes are going to find themselves in financial difficulties. The *Guy's Hospital Gazette* is just one of those individuals because of soaring costs in recent editions. It is evident that the *Gazette* now needs some financial assistance, and the question is, where will the money come from?

When the *Gazette* committee requested that the Clubs Union increase their annual contribution to the *Gazette* (at the recent Summer General Meeting of the Clubs Union) not only was the request turned down, but the complete annual contribution, £790, was withdrawn. It must be remembered that in return for the £790 the students received copies of the *Gazette* free of charge. So, after October this year, it seems that if students want to read the *Gazette* they will have to buy it at the cost of 25p per copy.

It has been suggested that the *Gazette* could pay for itself, by that I mean printing costs could be offset by revenue for advertising, but this would produce a magazine of cheaper quality.

I have a suggestion to make so that the *Gazette* would be provided with the extra money that it requires to stay in print. Guy's Hospital is a famous place, and a hospital of considerable wealth. The *Gazette* has, throughout its long history, reported news and events occuring in Guy's Hospital, and it seems therefore that Guy's Hospital should provide some money to support the *Gazette*. If Guy's can afford to build a multi-storey car park, at the cost of £500,000, I feel that it can easily find some money for the *Gazette*.

Yours faithfully,

DAVID WILKINSON,

East Wing,
Guy's Hospital,
London, S.E.1.

Wills Library Information Services

SIR,—The Wills Library has recently initiated two current awareness services for the Schools and Hospitals. The first is an SDI (selective dissemination of information) service based on monthly *Index Medicus* and the second a current awareness service based on *Current Contents*. These services are financed until September next by a grant from the Clinical Research Committee.

It appears that when this grant expires we should be able to continue to provide the service on a subscription basis. The cost of the subscription must obviously depend on the number of subscribers, but we hope that it would not exceed £6.00 per annum for the two services. If any of your readers are interested, they are invited to participate on a trial basis, without charge, until September. For further information they should contact a member of the library staff.

Yours faithfully,

JEAN FARMER,
(*Wills Librarian*).

Wills Library,
Guy's Hospital Medical School,
London, S.E.1.

Guy's Hospital Directory

SIR,—The February issue of the *Gazette* has just reached me in my 34th year as a subscriber. I would like to support heartily the idea of producing Guy's Hospital Directory as it is the only international reference for Guy's men abroad for me. With the shortage of paper and rising cost, it can be published biennially or triennially.

Yours faithfully,

SMARN MUNTARBHORN, F.R.C.S.
Professor of Surgery, Bangkok.

170 Silom Road,
Bangkok, Thailand.

"Gay" Notice on Medical School Notice-board

SIR,—I am sorry my poster-sticking activities should have caused Dr. Grimble such consternation. I only wish I knew quite what point he intended to make, for then, perhaps, I might have set his mind at rest. He seemed anxious chiefly about the Papuans and the Ancient Greeks; but I fear I know little about either doubtless delightful race.

The poster was designed to convey information concerning a society for homosexual medical and dental students, and not to glamourise anything. Dr. Grimble may be surprised to learn that the general tenor of our meetings is one of great earnestness, verging on the sombre, and that any glamour attaching to the scene is purely adventitious (though by no means unacceptable).

Society at large may be decadent but no sensible person can maintain that the springs of such decadence are to be found in the homosexual community. As for Grimble's slightly less slanderous suggestion that homosexuality is merely a symptom of decline, I shall happily leave that for the disputatious to decide—meanwhile enjoying my own homosexuality without the slightest dent to my self esteem.

Yours faithfully,

GEOFFREY CARTER,

East Wing,
Guy's Hospital, S.E.1.

London Gay Medics and Dentals Group

SIR,—It was a little difficult to appreciate the full meaning of a letter from Dr. A. S. Grimble in your last issue. Headed "Gay notice on Medical School notice board", it in fact did not refer once to the poster in question, which incidentally was ripped down by some thoughtless student shortly after appearing. References to the behaviour of Papuans, and animals in captivity, did not appear to be relevant to the basic issue. And, the phrase, "from Solon to Socrates", did not fully make its mark, as many might not think that to be much of a step in any direction.

The poster referred to the London Gay Medics and Dentals Group, which is recognised and financially supported by the University of London Union. It aims to end the social isolation of those health students in London who are unable to declare their sexuality, for fear of frank and insidious opposition from all around them. It is embarking on projects directed at all concerned in medical education, and hopes to enlighten them about the peculiar repression experienced by gay people at the hands of some members of the profession. It is inevitable that a few undergraduates (not to mention staff) at Guy's, will pay more than passing attention to this group, and they (including Dr. Grimble) should write for further information to: London Gay Medics and Dentals Group, at the address below.

Yours faithfully,

ANDREW CHESTERTON
(*Chairman*).

University of London Union,
Malet Street,
London, W.C.1.

Reflections

SIR,—If, on being addressed, it were the custom to stand on one's hands to face the speaker rather than to rotate, i.e. turn around, a mirror would show supero-inferior inversion and no left-right inversion.

Yours faithfully,

P. J. WINTER,

Radiotherapy Department,
Guy's Hospital, London, S.E.1.

SPORT

Sports Commentary

Reference made in the report on the Antwerp Hockey tour to the *paneful* conclusion of the Club's melodious repertoire, may appear to some, as only a breach of spelling and a demand for an explanation is, perhaps, warranted. The Clubhouse of our hosts, Royal Beerschot (who were celebrating their seventy-fifth anniversary with an International Festival), consists to a large extent of glass. During one of the songs, an un-named Guy's man maliciously attacked one of the panes but regrettably found the double-glazing too much to cope with and only got through one layer.

Back in England, however, the only thing the Ladies' Tennis team are destroying are their opponents in the U.H. Cup. They are now in the Final having beaten the holders, St. Bartholomew's, and Middlesex Hospitals in the last five weeks. Regrettably the 1st XI Cricket has not had that success and lost to St. Bartholomew's in the second round by ninety runs, having beaten King's College Hospital in the first round by four wickets. The 2nd XI, however, are still unbeaten, a credit to the spirit in that side. The Six-a-Side season is approaching with the Soccer Club's Competition only a few days away and the Hockey Club also starting in the next few days.

Finally, a request to all Secretaries and team organisers; if any matches that were due to be played at H.O.P. are cancelled, please let Eric Dann know *immediately* so if there are any arrangements to complete, for example buying food for teas, he will be adequately warned. There have been a number of misunderstandings lately and if it is at all possible, confirmation of matches a day or two earlier might help the situation.

BOAT CLUB

The Ladies' Bumps

This year as usual Guy's managed to rake up eight healthy strapping girls to represent the hospital in the "Bumps". Unfortunately we were without some of the more experienced oarswomen due to exams and other commitments and so it was, with a crew completely new to the Bumps, that we embarked on the first evening's rowing. However, the Gods were against us from the start with several members being delayed and our cox getting cold feet just as we were about to set off; but Ian Gough very gallantly stepped in at the eleventh hour and just about lived to regret it.

The rain poured down and as the race was delayed by an hour—silently we all regretted our decision to take part. This was only reinforced when a passing pleasure cruiser's wash completely engulfed the boat and all its occupants—it wasn't only our spirits that sank! Our strength was further sapped by trying to lift the boat to empty it but eventually we had to swallow our pride and ask Jim (the Boatman) to come and rescue us. When we did start off we rowed extremely hard and managed to bump Bart's Nurses but were bumped by the Royal Vets so retaining our starting position of 3rd.

Tuesday evening was more pleasant except for a slight "contre-temps" with the London Hospital. We collided on leaving the start and they bumped us seconds later; so dropping to 4th position. On the Wednesday night, despite exhaustion, we rowed extremely hard but unfortunately could not improve our position. We would like to thank all those who took part for their great support and grim determination. We think that with a little more experience together, they could certainly make quite a formidable crew.

Crew: Bow, Pia Birch. 2, Liz Brownbridge. 3, Lois Brereton. 4, Sarah Hands. 5, Catherine Gardener. 6, Tina Chubb. 7, Sue Higgs. Stroke, Jenny Loch. Cox, Ian Gough. Also Sue Arthur and Charlotte Cavanagh.

L.B. and J.L.

HOCKEY

Antwerp Tour

On Friday, 9th May, a party composed of ten Guy's players, two guest players and two officials assembled at Victoria Station. Their destination, a hockey tour in Antwerp. Thanks to his flat mate, Steve Flint turned up on time complete with money, traveller's cheques, hockey kit and two passports. Even before we left Victoria, John Vafidis showed the worst side of his European ancestry by buying a paper-back novel of a cheap and lurid nature.

The journey to Antwerp was without incident. The journey on the tram from Antwerp Station to our hotel was *etwas anderes.* Robert Forber swore that the tram had lurched but the girl he fell all over was convinced that she was being raped by a mad foreigner and had to get off at the next stop although it was plainly obvious that she was still a long way from her destination. On our arrival at our Hotel we found it was one of the plushiest we had ever seen. Luckily we were paying reduced rates for our rooms. Having settled in, we sauntered down to the bar only to find that beer was approximately 80p per pint. This didn't fit in with our desires so we sallied forth into town. A tram was coming and we ran to the tram-stop. Damn! we were on the continent and the tram swept past as we stood at the stop for trams going the other way. Some of us found a very nice bistro which was not too expensive. Phil Nicol however lashed out and chose a more expensive meal. He later lashed out again and the table was covered in wine. Others eschewed the bistro and went somewhere else. We never really found out where, as all they seemed capable of telling us was that it was "Cheapo, cheapo!" Later that evening we went on a pub crawl of Antwerp. Some of us got lost and had to walk 4 miles (6.5 kilometres) back to the hotel.

Next morning we came down to a staggeringly good breakfast: Fruit juice, cereal, ham, cooked meats, rolls, cheese, croissants, sticky cakes and jams. One simply helped oneself to as much as one wanted; going back if necessary.

We played two games that day. The first was against a team called Primerose and we won 2-1. One of the goals came off John Vafidis' elbow and foot but Mike Selley with true British regard for fair play levelled matters by kicking the ball into his own net. The second game was against Nyenrode. The excesses of the previous night took their toll and a very tired Guy's side were beaten 2-0. Had it not been for some inspired goalkeeping by John Cottingham the score might have been a great deal worse. By the complicated scoring system in operation at the tour this meant we came bottom of our pool.

That evening the official banquet was held. We were entertained by a very professional cabaret put on by our hosts. At the dance following the banquet many members fancied their chances but it was not to be so and in true Guy's tradition many sorrows were drowned in pints of beer.

On Sunday we played two more games. The first was against St. Georges, Courtrai. This was one of the best games and would have been even better had not Flint played the first half of it in bed. Geoff Sparrow had a superb game and sent the ball screaming into the top right hand corner of the net. The final score was 2-1 to Guy's. By a slight mix-up we were forced to play the next game against Hamburg immediately, without a break. The Hamburg team were strengthened by two English players who were in Antwerp for a holiday. Despite this Guy's managed to win 1-0 and so came 7th (out of 9) in the whole tournament.

That evening we attended the official reception at the Royal Beerschot Club. "Deux cents huit" said some pretty girl at the bar but John Cottingham thinking she had said "Deux cents huitres", believed his chance had come at last. Oh well! Most things lose something in the translation. We were all given a wine taster as a personal souvenir and we gave Royal Beerschot a commemorative plaque. Mike Selley excelled himself with a speech in French

although some of us thought his parsing questionable. This was followed by singing which was brought to a shatteringly *paneful* conclusion. At "Bunnies" we were all put to shame by a three-year-old boy whom we made an honorary Spirochaete and awarded a tie, much to his delight. At about this time Flint found he was out of money and sold his Guy's sweat shirt for 250BF (approximately £3.00). Are there no depths that man will not plumb? Later a trip round the local hospital casualty department was in order (Quick, what's the Flemish for: "Will you sew up my foot, please?")

Next morning we said goodbye to our hosts and journied back to blighty. A most successful tour in which we won three out of four games, made a lot of new friends, renewed old friendships and had a thoroughly enjoyable time. Many of the teams were very impressed with our play and we have some tentative invitations to return to the continent. Despite the cost most of us are anxious to return and no doubt this will not be Guy's only sortie into Europe.

Team: J. Cottingham, M. Wickham, M. Wallis, M. Selley, C. Hendy, G. Sparrow, S. Flint, R. Forber, J. Clark, J. Vafidis, P. Nicol, A. Kingon. Officials: K. Lockhead, C. Hunter-Craig.

SQUASH

Full Season Report

This Season has been one of the best for some years. However it has had its disappointments. The Cumberland Cup was, perhaps, among the greatest of these—we finished fifth out of eight in the Third Division which does not sound too bad on the surface. However in several matches we came down by stupid play when we ought to have known better.

However, on balance, the good outshone the bad. We won the University of London Men's Squash League for the first time, were runners-up in the Knock-Out Competition (which is organised by the same people as the League) and were runners-up in the U.H. Cup. In the Knock-Out Tournament we lost to University College by three matches to one, and were less upset by this defeat than that in the U.H. Cup when we went down by the odd match in five to Middlesex Hospital. Although being second is a relative success, the team was bitterly disappointed.

Returning to the subject of the U.L. League, it was our first full Season with a team in each of the three divisions. The second team was placed 4th in its division, and the third team 6th. This in itself is a success as the only other college to have as many teams as Guy's in the League have approximately eight times as many students. As well as these competitions, the Club has many contacts and friendships revived either annually or bi-annually in Friendly Matches, including tours to Sussex and Cambridge when we play three matches over a weekend on each.

The Club now has a flourishing Ladies' section. This year, they played about fifteen fixtures and won rather more than they lost. Although their existence is not widely known, this should improve when they officially become part of the existing Club—they ceased to be recognised when the new Clubs' Union Constitution was introduced, but hope to regain their status after the matter goes through the official channels.

Finally, I would like to reiterate a point that needs reiterating every now and again. The Club now has a fixture list of over one hundred matches, a healthy state of affairs for which Ian Mackenzie and Tony Sutherland must take the credit when they started to build on very shaky foundations some seven or eight years ago. The fortunes of all clubs are known to fluctuate and our's is still on an "Up". The Squash Club is in very good hands next year and probably the year after, but it is for three and four years' time that we should be thinking. We have the nucleus of a combination of good playing and organising abilities in Jonathan Moore, Jamie Farquharson and Mike Glover, to name but three. However, no Club is self-running and if the Squash Club is to avoid the trough that almost all clubs seem inevitably to go through at one time or another it must start recruiting new players now.

Angus Kingon.

LADIES' TENNIS

U.H. Cup

Guy's 6 vs. St. Bartholomew's 3

Wednesday, 21st May, at H.O.P.

At long last Guy's managed to beat St. Bartholomew's in the Hospitals' Cup match to reach the semi-finals. Last year, St. Bartholomew's, the holders of the cup for the last four years, narrowly beat Guy's in the semi-final and the victory this year reflects the determined effort and willingness of the players to turn up to practice.

Janet Mason and Sarah Perfect played confidently, winning their matches 6-3, 6-0 and 6-0. Louise Broughton and Catherine Irwin, playing together for the third time, showed the value of a steady partnership by winning two of their three matches by 6-0 and 6-3. Margaret Long and Pat White played well to win their first match but were unfortunate to lose to "Bart's" first pair by 7-5.

Ladies' Singles Tournament

Saturday, 31st May, H.O.P.

Following the difficulty in arranging matches, a continuous knock-out tournament last year, it was decided to hold a one-day tournament at H.O.P. this season. Still, despite many notices distributed throughout the Hospital there were still only ten entrants. Therefore it was decided to form two sections with each competitor playing four matches and the winners of each section meeting in the final. Play commenced at 11.15 a.m. and three matches were completed by lunch time. It was difficult to persuade certain players (Sarah Perfect and Catherine Irwin to name but two!) to return to the courts after lunch, but the preliminary matches were completed by 2.45 p.m. The results in Section One were: Winner, Jane Storey; runner-up, Pat White, and in Section Two: Winner, Catherine Irwin; runner-up, Sarah Perfect.

While the vanquished sunbathed, an exciting battle took place between Jane and Catherine. The latter won the first set 7-5 after many games had gone to deuce, but Jane levelled the scores by taking the second set 6-4 after they had been on court for an hour. The third and final set went to Jane 6-1 and she was awarded the trophy. Catherine was presented with a consolation Mars Bar. The whole day was very successful and we hope next year to have more players in the competition.

Guy's 5 vs. St. Bartholomew's 4

Saturday, 7th June, Away

Our return match with St. Bartholomew's at their courts was played on a very hot Saturday afternoon. We all took advantage of absorbing the sun between matches since we were only using two courts. The games were very enjoyable and there was some good play. We repeated the victory of a few weeks ago by winning 5-4.

U.H. Cup

Guy's 6 vs. Middlesex 3

Wednesday, 16th June, H.O.P.

Guy's advanced to the Final of the U.H. Cup by beating Middlesex Hospital by six matches to three. Each of the couples won one match and lost one, but unfortunately Middlesex could only provide two couples which meant that all games to be played by the absent couple, were forfeited automatically.

We now look forward to playing in the Final which should be held at H.O.P.

Team : J. Mason, S. Perfect, L. Broughton, C. Irwin, M. Long, P. White.

M.L. and P.W.

MEN'S TENNIS

Apologies to all tennis enthusiasts for the absence of match reports in the last issue. However, not many matches have been played because of rain in the earlier half of the season, and apathy accounted for the rest. Here is a brief summary of the matches that did go to completion.

U.H. Cup

Guy's 5 vs. Royal Veterinary College 4

Sunday, 11th May, H.O.P.

The 1st pair of C. Mackenzie and J. Southgate easily won their three matches without breaking sweat and the second pair of C. Kelsey and M. Chan won two matches, losing to the opponents first pair. The third pair of J. Farquharson and R. Moore enjoyed their tennis but lost all 3 matches. A comfortable victory although the score does not suggest it!

U.L. League

Guy's 2 vs. St. Bartholomew's I 7

Wednesday, 21st May, Chislehurst

On an extremely pleasant day and on splendid courts, Guy's went down to a Bart's team missing 2 first teamers. Guy's were also weakened by various student commitments. Inevitably, Guy's lost all their doubles matches but prevented a repeat of last year's 9-0 defeat when M. Chan and I. Nicholson won their respective singles matches.

Team : C. Kelsey, M. Chan, J. Southgate, I. Bryant, I. Nicholson, D. Greaves.

Other Matches

There followed two 9-0 walk-overs, conceded by U.C.H. and St. Bart's II. Encouraged by these results, Guy's fielded its strongest team in C. Mackenzie, J. Southgate, C. Kelsey, M. Chan, D. Macpherson and L. Pigot for the rearranged league match against St. Mary's I at H.O.P. on 2nd June. However, the weather won again and the points were amicably shared.

An enjoyable friendly match was played against the R.N.C. at Greenwich on the 10th June. Due to the non-appearance of Nicholson, who followed the wrong back trail to H.O.P., Guy's had to borrow an R.N.C. player to make up the 3rd pair. A closely fought match resulted in a score of 81-79 games in R.N.C.'s favour. A splendid supper was much appreciated after the match.

U.L. League

Guy's 8½ vs. Middlesex ½

Wednesday, 11th June, H.O.P.

Given a 3-0 lead before a ball was served, Guy's went on to overwhelm their opposition except for M. Chan and his opponent who after 27 games and at one set all, decided to share the point. Commiserations to J. Chaplin and M. Hodes who were left on the bench due to the non-appearance of the Middlesex 3rd pair.

Team : C. Mackenzie, J. Southgate, M. Chan, I. Nicholson.

M.C.

HOSPITAL INFORMATION

PASS LIST

ROYAL COLLEGES OF PHYSICIANS OF THE U.K.

M.R.C.P.

March 1975

M. F. M. Bamford
D. N. Bateman
T. K. Day
K. M. Howard
P. M. Mowschenson
P. R. Powell-Jackson
M. D. Rutland

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Primary F.R.C.S.

January/February 1975

S. J. Golding
J. A. G. Punt
J. N. L. Simson

Final F.R.C.S.

November 1974

P. J. Davenport
M. H. Jourdan
R. Manna
(in Ophthalmology)
R. C. Quinnell
R. D. Spicer
A. A. Thomson
T. Treasure

F.F.A.

February 1975

P. G. P. Lawler
R. B. Plummer
Anna-Maria Rollin

UNIVERSITY OF LONDON

Final M.B., B.S.

April 1975

Honours

P. G. Davies
(distinguished in Surgery)

R. F. Massey
(distinguished in Pathology)

Pass List

N. R. Avery
Lynne A. Ball
J. S. G. Bamforth
G. R. Barker
R. H. F. Bawden
A. C. Chu
Elizabeth A. Claessens
J. E. Clarke
W. R. L. Clemmey
M. J. O. Coe
D. M. Curtin
P. L. Davis
K. D. Dawkins
Nuala L. K. Fagg
B. M. Flood
Fong Keng-Lao
K. Freeman
Jennifer A. Goodwin
T. J. Goulder
S. A. Green
Jacqueline H. Hawksworth
Anne P. Hemingway
H. W. Jones
M. P. B. Jones
J. C. E. Jones
M. A. M. Khan
R. J. Knight
C. G. Langdon
T. Y. Leung
Lisa F. C. Lowenson
A. J. Nicholls
P. Nightingale
D. R. Norfolk
S. A. Olczak
J. G. H. Pearson
C. J. Pugh
L. M. Rabb
P. H. Rowlandson
Elizabeth Ryman
C. Sharp
M. M. Sorefan
G. E. A. Sparrow
Kathleen M. Spencer
J. Squire
J. Stephens
M. S. Taylor
J. S. Tilley
P. T. Townsend
Evelin H. Y. Tseng
Anne E. J. Tweed
J. W. Upward
Mary J. Wade
Angela E. Warren
Margaret J. Watson
Noemi J. Weingarten
M. M. Wheeler
J. B. Williamson
M. J. Wink
M. J. Wiseman
J. Wynn-Jones
P. W. Young

Ph.D. Medicine

April 1975

Barbara J. Dodd (Human Communication, Generative Phonology)

G. H. Mitchell (Immunology)

Ph.D. Science

April 1975

M. D. Alexander (Biochemistry)
Hilary C. Dodson (Zoology)

EXAMINING BOARD IN ENGLAND

Final L.R.C.P., M.R.C.S.

March/April 1975

Medicine

P. J. Adams
P. N. Adams
D. M. Curtin
N. W. T. Harradine
T. Y. D. Leung

Midwifery

C. R. Mozley
Victoria R.-J. Muir
P. B. Stringer

Pathology

R. K. Farrell
J. R. Hanson
C. I. MacKenzie
P. B. Stringer

Surgery

R. D. Ballantyne
M. R. B. Cottrill
D. K. Evans
Jacqueline H. Hawksworth
P. W. Lambden
C. I. MacKenzie
J. F. L. Shaw
M. M. Sorefan
D. M. Thomas
Evelin H. Y. Tseng
M. J. Turtle
A. P. Wozniak

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

May 1975 Examinations

Preliminary

Miss C. L. Ancell
Miss C. E. Baker
Miss S. J. Court
Miss C. A. Davey
Miss E. I. M. Dean
Miss A. V. A. Eckhoff
Miss C. A. Evans
Miss C. M. Forward
Miss L. Haines
Miss T. Kaalstad
Miss S. G. MacQuaide
Miss A. M. Middleton
Miss S. M. Moir
Miss F. M. Morrison
Miss S. Murrant
Miss Y. K. Ng
Miss E. A. H. Phillimore
Miss J. H. L. Riley
Miss S. E. Sumpter
Miss J. M. Wilson

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

May 1975 Examinations

Intermediate

Mrs. B. M. Bishop
Miss J. H. Boog-Scott
Miss A. J. E. Boyd
Miss R. Y. Burbidge
Mrs. P. M. Draper
Miss G. J. Flook
Miss J. Godsall
Miss S. A. Habberfield-Bateman
Miss C. E. Hill (Credit)
Miss T. E. Kalheim
Miss A. K. Kingsbury
Miss G. A. Maeers
Miss E. A. Meire
Miss D. M. E. Pullen
Mrs. J. Royle
Miss L. A. Rugg
Miss D. M. Sherwood
Miss E. J. Warmington
Miss A. S. M. Winney

BIRTHS

FANNING: On 4th February to Paddy and Joy, a daughter, Abigail, sister for Andrew, Patrick and Anne-Marie, at Altwood Warren, Maidenhead.

WILLIAMS: On 30th May in Brisbane, Australia, to John and Jane (née Cowper), a son, Andrew John.

DEATHS

Dr. Norman Garrard, at North Berwick, Scotland, on 8th May, 1975.

CHANGES OF ADDRESS

David M. E. Allan, M.B., B.Chir. Associate Dean for Continuing Education, University of California, San Diego, School of Medicine (M002), P.O. Box 109, La Jolla, California 92037, U.S.A.

Dr. John C. Camac, M.B., B.S., 80a Ashby Road East, Bretby, Nr. Burton-on-Trent. Tel. Swadlincote 7153.

Dr. R. M. Corker, "Brookside", Castle Green Lane, Kendal, Cumbria, LA9 68AS. Tel. Kendal (STD 0539) 22581.

PERSONAL

MALE STUDENTS required for hop-picking starting 28th August for three to four weeks. 74p per hour. £37.00 per week. Free hostel accommodation. Full details from: E. Wickham & Sons Ltd., Combourne Farm, Goudhurst, Kent, TN17 1LP.

PAPERS BY GUY'S MEN

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GUY'S HOSPITAL GAZETTE

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MONTHLY TWENTY-FIVE PENCE VOLUME 89 NUMBER 2248

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

RECORDING THE PAST

A lead plaque with an intricate double border surrounding the inscription "Mr. Guy's Hospital" and dated 1725 has been attached to the Counting House wall in the East or London Bridge Alcove Court. This lead plaque was part of a cistern which served to collect the rain water and was a store for the cold water of the original Hospital. Elaborate lead guttering and pipes brought the rain water to ground level where cisterns were placed as reservoirs. They were carefully decorated and inscribed so that visitors and in-patients would be aware of their Benefactor. It was decided to place this plaque in the East Court as this was part of the original Hospital dating from 1725 (OS).

A second plaque dated 1739 and entitled "Guy's Hospital" has been put on the wall by the door to the new East Wing. The old East Wing was the first addition to the original Hospital, work starting on its construction in 1739; it was destroyed during the massive incendiary bomb raid in the early hours of April 16th, 1941. Both these plaques have recently been found in one of the Works Department stores.

A large lead plaque dated 1739 has existed on the wall of the West or Nuffield Court for some years. This plaque strictly should belong to the old East Wing but it was probably removed unofficially in former days, as it only returned to the Hospital in the 1950's when it was purchased at an auction. It is much larger than the other two plaques and was probably the front of a cistern. There is a small hole in the bottom left hand corner, where there would have been a tap for drawing off water. As 1976 will be the 250th Anniversary of the opening of Guy's Hospital to patients, it is important to remember our Founder and these plaques serve as a welcome reminder amongst the new Towers that surround Mr. Guy's Hospital.

FIRM DINNERS

Wandering around Guy's during this last week one is aware that there is something very wrong. The weather is beautiful, the birds are flying around the park defaecating on the cars—all would seem well. Why then are there so many haggard faces and drooped shoulders? The answer comes to me in a flash—they have undoubtedly been engaged in that time-honoured ritual, the firm dinner. I look more closely at the ashen-faced medical student staggering along the colonnade—it is obvious that it is only a stiffly-starched white coat that is holding his rubbery-frame upright. His pallor is such that in the shade of the colonnade it is impossible to see where his white coat ends and his face begins.

"Hello", I said, "did you have a good firm dinner?"

He stopped in his tracks and leant heavily against the wall. "Great", he croaked, "you must excuse me, I am the victim of an inadvertent sherbet overdose."

"Did your Consultant attend?", I asked.

"I don't remember", he answered, "I saw him this morning and he didn't remember either so I assume he was there."

"You mean to say you weren't chatting him up in the hope of a good sign-up?"

"Oh", he replied wearily, "I thought it was just an all too rare opportunity to let your wig down."

"It was a good firm dinner."

"Yes, it was great" he sighed.

NOTICE

INCREASE IN SUBSCRIPTION RATE

It is with regret that we have to announce an increase in the annual subscription rate of *Guy's Hospital Gazette.*

As from 1st October, 1975, the annual subscription rate will be £4.00. We are sure that our readers will appreciate the fact that the last increase in the annual subscription rate was made in December, 1971, and we have been endeavouring to maintain the *Gazette* at that rate, but due to the very large increase in production costs and postal charges we can no longer continue production unless this measure is taken.

Subscribers who pay by Banker's Order will be sent an amending Banker's Order Form which should be returned to this office when completed.

We are very sorry that we have been forced to take this measure but hope you will continue to support us and to enjoy the *Gazette.*

NEWS IN BRIEF

Radiographers' Correspondent

The *Gazette* Staff would like to extend a warm welcome to Helen Barnes, Deputy Principal of the School of Radiography, who has become our first Radiographers' correspondent.

Handler hits the U.S. of A.

Clive "the ferret" Handler was last seen in Milwaukee in the "States" where he will be spending his elective. The *Gazette* staff hope he will have a good time and learn a lot of medicine. Meanwhile, back on the ranch, Pete Tillman will be taking over the editorship of the *Gazette* in Clive's absence.

Increase in Fees

The Composition Fee at the Medical and Dental Schools has been increased from £92.50 to £162.50 per annum from the beginning of the new academic year beginning October 1975. The University of London Capitation Fee of £10 per annum has not changed. Local Education Authorities have been advised of the new fees.

Control of Cholera during the pilgrimage season by the Saudi Arabian Ministry of Health

Few doctors at Guy's will have given much thought to the health problems raised by one of the world's important annual events, the pilgrimage of Moslems to Mecca. This congregation of a million and a half people from all over the world provides a striking example of the importance of preventative medicine. On Friday, 4th July, 1975, Dr. H. Dabbagh, Direcor General of Preventative Medicine at the Ministry of Health in Riyadh, gave a fascinating seminar on the cholera epidemic during the last pilgrimage and how it was controlled. An excellent colour film on the pilgrimage illustrated the size of the problem, showing the temporary tent city for over a million pilgrims and the many aged and infirmed. Following this Dr. Dabbagh explained the measures taken to prevent epidemics. Every year for many years standby hospitals capable of taking 5,000 patients were fully equipped and staffed and yet were not needed thanks to the regulation of pilgrims coming from infected countries and the success of water purification and sanitation programmes.

When cholera struck during the last pilgrimage, the epidemic was rapidly controlled, with cholera eliminated from the Kingdom within two months and the death toll kept down to 130—a truly remarkable achievement.

It was a most instructive seminar and Dr. Dabbagh left us with the clear message—put not your trust in cholera vaccines and vaccination certificates, but concentrate on the fundamental measures of sanitation and hygiene, quaratine and isolation.

Nursing Scrapbook

In May 1976 Guy's is celebrating its 250th anniversary. The Thomas Guy School of Nursing is planning to produce a scrap book entitled "Guy's in my Time". We should be so pleased if you would like to contribute any reminiscences about your training and subsequent experience.

Suggestions for subjects which might prove the most interesting are :—

First impressions of Guy's
The Introductory Course/Preliminary Training School
My first ward
Nurses' duties in the wards
My worst moment
My most amusing experience
Learning nursing
Patients I remember most vividly
Guy's characters I remember
Discipline in my day
The Nurses' Home in my day
How we spent our off duty
Pay and hours of work
Uniforms in my day
Special occasions at Guy's
On being a Guy's Staff Nurse
On being a Guy's Sister

It is not suggested that you would necessarily wish to write under all these headings, but they might help you to arrange your thoughts. We will only be able to use extracts from some of the letters, but please do not let this stop you sending in YOUR contribution. We hope that the final volume will be a unique picture of nursing at Guy's over the last 50 years :—

If you are able to help please send your contribution to :—

Miss B. B. Whyte
Director of Nursing Education
Guy's Hospital
St. Thomas' Street
London, SE1 9RT

Please state your training dates very clearly as the book may be arranged in chronological order. Any other material such as photographs would also be gratefully received, as would other ideas about the content and arrangement of the book.

The last date for receiving contributions is November, 1975.

Wolfson House

Below is a further list of Guy's men and women, together with members of the Staff of the Hospital and School, who have contributed to the Appeal Fund up to the time of going to press :

Dr. J. Barrie
(in memory of his wife)
Mr. J. B. Blaikley
Dr. H. P. Dick
Dr. L. L. Emery
Dr. F. P. Grice
Dr. C. J. Hughes
Dr. B. L. Mallett
Dr. G. A. Taylor
Mrs. E. M. Trick
(in memory of her husband)
Mr. N. C. Yendell

The sum of £3,500 has been received from relatives and friends of the late Mrs. James Barrie, wife of Dr. James Barrie of Cuckfield, a Guy's man, to name a room in Wolfson House in her memory.

Ward closures during August

In order to meet the statutory holiday provisions laid down in the recent Halsbury Report, the District Management Team has decided that it will be necessary to close certain wards in the Guy's Group during July and August. The proposed closures, subject to the agreement of the Medical Committee Executive, will be :

GUY'S

From week beginning 28th July until 31st August inclusive :
Hurst Ward
Lydia Ward

From 4th August until 17th August inclusive :
Dorcas Ward
John Ward

ST. OLAVE'S

From week beginning 28th July until 31st August inclusive :
Hope Ward
Harvey Ward

Lunch time opening of the Bar

The Bar opened during lunch time on the last day of the Summer term. It was a most popular decision to open the bar at this time and it is proposed to have lunch-time openings in the future on special occasions, such as the end of term or on examination result days.

Freshers' Week

If anyone is able to help in the organisation of Freshers' Week beginning 29th September, would they kindly contact Peter Watkinson. Volunteers are required to show the Freshers around the Hospital.

University Medical Chaplaincy at Guy's

We are very sad to announce that the Revd. Dr. Michael Bice, our much beloved medical chaplain, has left us. He is going to Chicago where he will be setting up a University Department of Religion and Medicine, which, with his qualifications, will no doubt suit him very well. But we, alas, are left behind lamenting.

In three short years Michael has done a tremendous lot for medical students throughout London University; without him the U.M.C. would never have been started and got off the ground in the way it has.

He has been a great friend and a teacher to many of us at Guy's. Some people knew him well, others only a little, but I am sure you would all agree he has played quite a large part in the life of Guy's during his attachment here.

Many nice times have been had: week-end conferences, wine and cheese parties, suppers on Sunday evenings—not to mention many drinks in Guy's Bar!!!

His energy and enthusiasm has generated a community here at Guy's and a bridge between us and the other health students of the U.M.C., which I am sure he hopes, as I do, will flourish and welcome the new Medical Chaplain who will be starting (hopefully) in October.

Claudia Roe,
ex-Secretary/Treasurer, U.M.C. at Guy's.

Thomas Guy Remembrance Ball

This function, organised by the Students' Club *in memoriam* of Thomas Guy, 250 years after his death on 27th December, 1724 (OS), was held on 5th July, 1975, in the Queen Mary Suite of the Cunard Hotel.

An excellent dinner, accompanied by a melodious pianist, was followed by dancing to the Ken Frith Band, and a hair-raising cabaret by SIMBA, who exposed her naked flesh to broken glass without drawing blood, swallowed fire and appeared with a ravenous python as a finale.

An immensely enjoyable evening—credit for which must be divided between Student Club officers and the banqueting staff at the Cunard International Hotel.

The Students' Club wish to thank all those people who kindly donated prizes for the tombola.

C.C.

STETHOSCOPES: Their Use and Abuse

All medical students must purchase a stethoscope at the commencement of the clinical course. It is a magic moment. Visions of instant diagnoses, grateful patients and admiring nurses flit through one's mind. Such hopes are seldom realised and I believe that one of the main causes is an inappropriate choice of instrument.

Rugged, cloth-capped young gentlemen who have come to Guy's from the northern half of the U.K. tend to choose the larger variety which are constructed in a workmanlike fashion from scaffolding and bunsen-burner tubes. These are obtainable for a modest outlay from all good hardware stores and builders' merchants. On the other hand, the more refined of our colleagues who are without exception of southern descent favour the compact space-age model which is skimpily clad in battleship grey plastic. These can be purchased at a price which is inversely proportional to their weight and effectiveness from boutiques in and around Knightsbridge. Neither of these two models is a toy and both can be positively dangerous unless treated with respect and used carefully.

In this, the first article of the series, I shall discuss the very fashionable Litman stethoscope. These delightful little contraptions come in a pretty blue box with full instructions on how to impress your friends and confound your enemies at the patient's bedside. What the makers do not tell you is that they are at best rather fickle and at their worst veritable monsters. You may well imagine that once you have trained a Litman to sit quietly in your pocket with its dainty earpieces peeking out that your problems are over and a consultant's post is just around the corner. Beware, for by feigning humility they lull you into a false sense of security until they consider the time is ripe for them to strike. I shall draw on one of my own most bitter experiences to give you an example.

My hands have begun to shake and I notice that I have broken out in a cold sweat as the grisly details of this horrendous happening flood back into my mind. I had been on my first surgical firm for exactly one month and it was my turn to present a patient to the consultant. The presentation was going quite well when, to my great surprise, I was asked to brandish my tubes. I reached cautiously into my pocket, grabbed the little monster by the tail and began to withdraw it slowly. The Litman obviously resented this intrusion and before I could do anything to stop it had sunk its teeth into my cigarettes and proceeded to cast them at the foot of the consultant. The situation would have been easily salvageable had I not tried to unobtrusively retrieve my cigarettes and smile ingratiatingly at the consultant at the same time. As it was I managed to tread squarely on the unfortunate patient's urine bag which discharged its warm murky contents up my left trouser leg. I need not describe my anguish any further. Suffice it to say that as I squelched my way through the remainder of that interminable ward round my heart sank and my shoulders drooped with each watery footfall.

Remember, it's never too late to become a second-hand car salesman.

Magnus Bore.

ST. LUKE'S NURSING HOME

by S. P. KIRKHAM

Introduction

St. Luke's Nursing Home, in Sheffield, is a terminal care unit with 25 beds. The Home is outside the administration of the NHS, although 22 of the beds are paid for by the Health Service. Of the remaining three beds, one is paid for by the Talbot Trust, a fund set up to enable the chronic sick (and their relatives) to have a holiday, the patient being admitted for a fortnight. Any remaining funds needed are raised by voluntary contribution.

St. Luke's has rather few full-time staff, the bulk of the people working there being either part-time staff or volunteers. These 250 volunteers do a huge variety of jobs—Administrative Director, nurses, drivers, gardeners, hairdressers, a beautician, and so on. There are about 50 nurses (SRN, SEN and Nursing Auxiliaries) on the staff, and three doctors. Of these, the Medical Director is Professor of General Practice and Community Care at Sheffield University, while the other two are Sheffield GPs.

Principles of care

There are three main principles that govern the care given to patients in St. Luke's :

(1) There shall be a minimum of physical distress. Pain from the malignant process is controlled with diamorphine, given regularly to prevent pain, rather than just to suppress it. It is given orally (in a diamorphine-cocaine mixture) where possible, or by intramuscular injection where necessary. Vomiting is controlled by the phenothiazines (cyclizine, prochlorperazine and chlorpromazine); sometimes the relief of severe pain with opiates is enough to control vomiting.

(2) St. Luke's shall be a home not a hospital. To help to create this atmosphere there are watercolours on the walls, crocheted rugs on the beds and virtually no restrictions on visiting. The impression is aided by first-name terms between patients and nurses, and the small size of the wards (four five-bedded wards plus five side-wards). Intra-venous infusions are never given.

(3) Care shall include the family as well as the patient. Relatives are encouraged to continue to play some part in the care of the patient, and are visited during their bereavement if it is thought that they need support.

Special problems

The catchment area of St. Luke's is very large and includes Sheffield, Doncaster, Barnsley, Chesterfield and Nottingham. It is therefore necessary to restrict admissions to patients with special problems, most commonly severe pain (usually easily relieved with diamorhpine and the feeling of security that St. Luke's brings), vomiting (relieved by phenothiazines) and urinary incontinence—probably half the patients in St. Luke's at any one time are catheter-

ised. Gross faecal incontinence, in a fairly fit patient with a prognosis of more than about four weeks is relieved by colostomy, the patient being transferred to an acute hospital the day before the operation, and provided that there are no complications, transferred back to St. Luke's two or three days after surgery. Less purely medical problems, however, can be equally distressing to the patient. Many cannot walk on admission, but after a few days manage to get about with the help of the tacit encouragement given by the staff and the other patients, the advice of the physiotherapist, and a Zimmer frame. Some women who have cerebral metastases treated with radiotherapy, need—and are given—wigs to preserve their self-respect.

The wards

All the patients that I saw at St. Luke's, excepting only two Talbot Trust admissions, had malignant disease. Length of stay varies between a day and over a year, and about twenty per cent of patients are discharged home. There are four five-bedded wards (three female, one male) and five side-wards. The higher demand for beds for women may be explained by :

(1) A preponderance of widows over widowers.

(2) Wives being better able to look after their ill husbands than vice versa.

Nursing shifts are rather flexible, allowing married women to fit in with their own commitments as well as possible.

The elective

I spent six weeks working in St. Luke's as a nursing auxiliary. The fact that I was living in made me feel that I was very much part of the Home. As well as duties as a nursing auxiliary, I was also able to go on the medicine rounds (an excellent way to learn drugs and dosages) and the daily business round, and also to talk to the patients. The rounds with the doctors were especially valuable in illustrating several different ways of approaching the patients (all had in common some degree of physical contact, if only feeling the pulse), and of answering their questions. Generally, it is best to answer a straight question with a straight reply—not always easy. The opportunity to meet the patients was especially valuable in that they were in a situation in which very few of us have been, and which is extremely difficult to imagine.

Not every patient in a terminal care unit can die completely comfortable and content, but they can all benefit to some extent from the specialised care and support available. Every general hospital has its share of patients with terminal malignant disease, and Guy's is no exception. At present, these patients are scattered round the hospital in wards which are concerned mainly with patients who are going to recover. This situation is distressing not only to the patients, who may feel rejected and a sense of having let their doctors down, but also to the medical and nursing staff, who may feel unable to get close to people who are dying. Would it not be more logical to set aside a certain number of beds, so that these patients could be transferred from the other wards to less disciplined, more homely surroundings, staffed by nurses well practised in the care of the dying?

THATCHINGS—KILL OR CURE ?

Its atmosphere is unique, its English fayre superb and too much for many, its sport varied and its climate marvellously controlled by the Gulf Stream Waters. Thatchings it is and Thatchings we hope it will remain. This article explains what has been happening to the house and what we are trying to do to keep it open.

The house was in financial trouble last year and a decision taken to close it. However, because of representation on behalf of the staff and students it has been given a stay of execution dependent on raising sufficient funds to counteract the subsidy. This has always been necessary to allow present Guy's staff and students to enjoy its facilities without excessive financial hardship otherwise very few people would be able to afford it. This subsidy is now costing £10,000 a year and we, the Thatchings Working Group, have produced numerous advertising publications including a 17-minute documentary — have discussed and implemented economies (including a 50% increase in charges) without adversely affecting everyone's enjoyment and generally have tried to stimulate interest in the house to help raise this. Our fund-raising events have raised £1,499 comprising £717 (64 students have so far paid this after being sponsored in the May Guinness Stroll—another 100 are still expected to pay in), £386 from 80 Thatching Club members, £82 Donations and £314 raised by the Nurses in the form of jumble sales, raffles, home-made cake sales and a May Day silver trail bringing in £201. Five Nurses cycled to Thatchings from Guy's and expect to raise at least £200. We are arranging numerous other events. We are achieving our aims but are finding it hard to raise sufficient funds to see us into Summer 1976. There now exists a Thatchings Club (£5 fee), which allows a 25% discount on the board charges and we are trying to gain as many members from present Guy's staff as possible so that we can show, in representation later in the year, that people are willing to pay hard cash to support their unique institution. We are now appealing to past and present Guy's people, who have fond memories of the happy times, of acquaintances met and of prowess attained in sport, etc., there, to help. We are trying hard to give the staff at Thatchings stability for at least 18 months and can only do so by our economies and your response.

At present we have raised the above £1,500 and have money flowing in slowly but need a quick injection of £5,000. The Special Trustees of Guy's have given us £2,500 to keep us going from April 1975 but vast inroads have been made into this already with rates, insurance, wages, etc., and once it has gone then Thatchings relies on what the Working Group has raised. Your money is therefore needed by September 1975 so that we can estimate how long the staff can expect employment. Once Thatchings closes it is lost for ever and there will be nothing comparable for up-and-coming students and staff to enjoy.

If you have great feeling for the house please contact Ian Gray (making cheques payable to "Thatching Account") and send them to the address below :

Ian Gray (extension 3268 for phone calls),
Dept. of Medicine, 2nd floor Medical School,
Guy's Hospital, London, SE1 9RT.

On behalf of the Thatching Working Group. July 1975.

NOTICE

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date. Publication dates for the next three months are: 30th August, 27th September and 25th October.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notice 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

NURSING

WHERE NEXT FOR THE AGENCIES?

The controversy which has existed over the use of agency nurses in National Health Service Hospitals, is bound to increase as a result of the edict from the Department of Health which states that these people are to be employed as little as possible in the future.

Everyone, it seems, from union leaders to individual student nurses, has views—and strong ones—as to whether or not these temporary staff should be employed at all. Sometimes the arguments become a little confused, but this does not prevent them from being declared vociferously. The use of agency staff has increased dramatically within the last five years, particularly in specialised units where very high ratios of trained staff are required.

One of the reasons that nurses seek employment with the agencies is because they are attracted by the lure of what superficially appear to be much higher salaries. They cannot appreciate, it seems, that there will be no superannuation, and no paid holidays. Furthermore, if the inland revenue authorities are sufficiently astute, a large demand from them is liable to be forthcoming at a later date, since tax is frequently not deducted at source from the income. In fact some nurses, having returned to the Health Service, have had to return to agency work, in order to enable payment of debts to the tax man which were incurred as much as a year previously.

However, what are the views of hospital staff regarding agency staff? On the whole, student nurses dislike them intensely, and regard them as inefficient and indolent. The students also resent the fact that they have to take responsibility for the actions of trained staff. In addition, a continually changing body of senior staff is not conducive to good communications.

The view of the nursing officers is, not unnaturally, a little different. They do not necessarily approve the use of agency staff, but if there are wards to be staffed, and sick people to be nursed, this is the only solution. No doubt they feel that Mrs. Castle has again demonstrated her lack of knowledge regarding hospital administration, since the outcome of her decree is likely to be the closure of even more beds throughout the country.

When searching for an answer to the problem, one fact which does emerge is that not all agency nurses are entirely mercenary. They have looked critically at hospitals and their management, and do not like what they see. Somehow, these people have to be attracted back to the Health Service, and closing the agencies will not suffice, it will only lead to mass emigration.

For many nurses, agency work allows them to practise their art without hindrance, and untrammelled by petty hospital frictions. Should not the nursing profession and the hospital administrators look closely and critically at themselves in the light of this and attempt, in the interests of the patients, to evolve a system which is more attractive to the nurses and provides them with a satisfying job in tolerable working conditions?

PHYSIOTHERAPY

RECRUITMENT OF TEACHERS

At the end of June some 200 teachers in physiotherapy schools and superintendents of departments met at a conference at Stirling University. These combined meetings were instituted a few years ago on an experimental basis in order to obtain a feedback from the clinical staff to the schools, enabling the teachers to come closer to producing the sort of end-product that superintendents would be happy to have in their departments. Similarly, the superintendents can be kept aware, in this way, of what they can reasonably expect their newly-qualified staff to know and what practical capabilities they should possess. So successful were the first meetings, that it was decided, not only that they should continue, but also that they should take place at shorter intervals, now fixed at two years.

Quite apart from the aims outlined above, those of us engaged in the education of physiotherapists must necessarily rely heavily on clinical staff for supervision and bedside, or plinth-side, teaching of the students gaining their practical experience. Although there is no recognised clinical-tutor grade, effectively this is part of the role of the senior physiotherapy staff in the wards and out-patient departments, and this not only in the parent-hospital. From the Guy's School, for example, students go out to New Cross, St. Olave's and the Evelina, to the Newcomen Centre, to the Maudsley, to a Physically Handicapped School at Charlton Park and, latterly, to Lewisham Hospital. The small teaching staff, even when fully up to establishment, could obviously not take full control over such a wide-spread distribution, so here again it is highly desirable that a close understanding and co-operation should exist between teacher and clinician.

As might be expected, discussion at this conference centred on the future training of physiotherapists, and, indeed, on whether we could expect to see physiotherapists, as we now know them, still being produced by a process similar to that operating today. There was some gloomy projection five to ten years hence, for the consensus was that, unless the teaching branch of the profession can be made more attractive, recruitment of new student-teachers would fall (less than half a normal annual intake into the 1975/77 Diploma course has so far enrolled), "wastage" back to the clinical branch would increase, and the number of teachers available to staff the Schools would inevitably decrease.

Physiotherapy seems to have been on the brink of disaster more or less continually over the past few years, but we have still managed to keep abreast of our chronic 25-30% shortage by the Schools' annual output of newly-qualified staff. If we are to be cut down on our teaching numbers, this output will have to fall, and the only—and unfortunately obvious—remedy will be to change the training drastically and settle for a less-well-educated and competent therapist. This is a prospect which both teachers and superintendents viewed with apprehension and it was generally resolved to do all in our power to resist it.

RADIOGRAPHY

WHO'S WHO IN THE DEPARTMENT

We thought it was about time the Schools of Radiography and Radiotherapy reminded you all that we exist and that the fourth floor of Shepherd's House is not just a place for hibernation. In case you were not aware of it, Guy's Hospital has the oldest Schools of Radiography in the world—never mind just Great Britain or London. As well as being a venerable age the Schools also form one of the largest single hospital radiography teaching units in the U.K., so we have to live up to a lot!

Those of you who do not know us very well are probably wondering why I keep referring to "The Schools". In fact there are two Schools—the School of Radiography, which caters for diagnostic radiography students, and the School of Radiotherapy, which caters for radiotherapy radiography students. Just to keep you confused, the end result of a course of study in either School is a radiographer (diagnostic or therapeutic), and still more confusing for the uninitiated is the fact that whilst the Principal of the (Diagnostic) School of Radiography is Miss M. E. Howard, the Principal of the School of Radiotherapy is Miss M. E. Howard! Whilst I am on the subject of staff, maybe I had better let you know who else lives up here at the top of Shepherd's House;—apologies Nurses—we know you have a toe hold but we are working very hard to loosen it! The rest of the inhabitants with the exception of those tenacious nurses, with whom we really are good friends, are—Helen Barnes—that's me—Deputy Principal. Like Miss Howard I have qualifications in diagnostic and therapeutic radiography. Ros Mansi—many of you will know Ros from Medical X-ray where she was Deputy Superintendent. We persuaded her to join us in January, and she is now Student Teacher in diagnostic and studying hard for her Higher Diploma and teacher's examinations. Then comes Anthea Asprey, who is Student Teacher in radiotherapy and who is also studying hard. Anthea joined us at the beginning of June from the Hammersmith and is settling in nicely. She has previous links with Guy's—her father was the architect of New Guy's House—but please don't hold that against her! Our final member of staff—although by no means the least (we often think she ought to be top of the list) is Norah Oakins, the Schools secretary, who translates all our cryptic scrawls and generally helps to keep things running smoothly.

Then there are the students—all 53 of them. There are 37 diagnostic radiography students who can be divided up as follows: 21 senior students of whom 4 are already qualified in therapeutic radiography, and 16 junior students. The therapy school is slightly smaller with 8 senior and 8 junior students. All the students do a two-year training with Part 1 examination for the Diploma of the Society of Radiographers at the end of the first year and Part 2 (Final) D.S.R. exams. at the end of the second year. From time to time in the past we have published results in the *Gazette*—we hope now to do this regularly after the exams, which are held twice yearly with results in May and November/December.

BOOK REVIEWS

"A System of Orthopaedics and Fractures" by A. Graham Aply. Pp. 540. Price £8.80. Published by Butterworths, London.

There is no doubt that this is the best synopsis of present-day practice of orthopaedic surgery, including fractures, currently available in the English language. It is, however, as the author would be the first to agree, a synopsis and as such non-discursive and not the easiest of reading.

Orthopaedic surgery is now a major and rapidly expanding surgical specialty. To have covered a whole field including fractures in a space of 517 pages—especially with copious illustrations and a bibliography at the end of each chapter—is a triumph. This new edition has been considerably expanded and up-dated and your reviewer was particularly impressed by the section on total hip replacement arthroplasty, with its emphasis on the complications of this procedure. This should help to restore some balance to the recent rather over-enthusiastic attitude towards this procedure.

One might make some minor criticisms: figure 1.4 "rare areas in bone" and figure 19.6 "the bones are rare" are surely errors in terminology. Figure 14.2c is alleged to show an example of Madelung's deformity, which it certainly does not. These slips can certainly be forgiven in an otherwise extremely high standard of production and content.

At £8.80 the book is probably too expensive for the average undergraduate or student nurse. It is aimed rather at a post-graduate audience but should certainly be accessible to all as a work of reference and further reading. It may be that its clarity of thought makes it particularly valuable to those of us who attempt to teach.

Adrian Henry.

"The Life of Hamilton Bailey" by S. V. Humphries. Pp. 72. Illustrated. Price £3.00. Published by Ravenswood Publications, Beckenham, Kent.

Because of the books associated with his name Hamilton Bailey was probably one of the best known British surgeons in the years before and during the last World War. His *Emergency Surgery* and *Demonstrations in Physical Signs in Clinical Surgery* were outstanding books. Bailey and Love's *A Short Practice in Surgery* is still one of the best known surgical text books as is *Pye's Surgical Handicraft*, the 11th to 19th editions of which Hamilton Bailey edited. This biography is an attempt to indicate what sort of person Bailey was, both as an individual and as a surgeon as well as an author. I met Bailey because he was the visiting surgeon at the hospital where I worked in 1938-39 and 1940-41. He certainly was a personality completely dedicated to seeing as many patients and performing as many operations as possible. By this means he was able to publish many different series of cases and find illustrations for his books and in order to do this nothing was too much trouble. He certainly was not interested in fees. All this is brought out in this short biography, which is well written and stimulating.

The tragedies at the beginning and end of his life were such that one is reluctant to denigrate Hamilton Bailey but I did not react very favourably to the story about his recording a conversation on the telephone unknown to the speaker. However, Hamilton Bailey undoubtedly made an enormous contribution to the quality of medical textbooks in this country, especially with regard to the illustrations and their colour. It should be added that the author stresses that Hamilton Bailey did not receive the recognition of leading surgeons and teaching hospitals to which the author thought he was entitled. It is likely that adverse criticisms of Bailey, some of which appear in the book, will fade but his fame as an author will remain.

J. Joseph.

"Ophthalmic Nursing" by P. Garland. Pp. 224. Price £2.95. Published by Faber and Faber, London.

This book has now reached its sixth edition, having over the last twenty-five years established itself as one of the standard nursing textbooks. The preface states that the book is intended not for the specialist, but for the student and general trained nurse who is confronted with the problem of caring for patients requiring ophthalmic treatment. As in previous editions, the text is clear and concise, and the illustrations extremely good. For the nurse with limited knowledge in this field, the explanation of investigations and treatments is also very helpful. The glossary of terms at the end should also prove to be invaluable.

This book can only be considered as a valuable addition to any library, and worthy of inclusion in any nurse's individual collection of professional books. Furthermore, to find a publication so well produced, and so liberally illustrated for this price is a great attraction in these days of rapid inflation.

Pamela M. Jefferies.

"Neurology for Physiotherapists", Ed.: Joan E. Cash. Pp. 438. Price £2.95 (paper covers) (also available in hard covers). Illustrated. Published by Faber and Faber, London.

In this book, Miss Cash has attempted to provide sufficient material for a physiotherapist to carry out an intelligent treatment of patients suffering from disorders of the nervous system. She has obtained the collaboration of nine other therapists who contribute chapters on specific topics, and inevitably the style and standard are variable. So, too, is the editing and while sometimes considerable use it made of cross-reference, elsewhere this is lacking with some consequent repetition. Generally, however, there is a reasonable uniformity of attitude, not least in the awareness that physiotherapy is only part of the whole treatment, a team approach being emphasised particularly in relationship to occupational therapy.

The first third of the book is taken up by a review of the elementary anatomy and physiology of the nervous system leading into a very well-conceived section on assessment and general principles of treatment. This is perhaps the best part of the book and should give students a sound basis both for practical application and for examination question-answering. Later chapters deal, more or less adequately, with central and peripheral nervous disorders. In some cases the text is concise, thorough and realistic but in others it is more perfunctory and of less obvious relevance.

Lists of references and recommended further reading are given at the end of each section, but there is not always an apparent correlation between the space allocated to a given condition and its importance in the physiotherapist's work which could mislead the student.

It is true that each patient must be assessed and treated in the light of his own particular problems, and that it may well be impossible to define one specific form of treatment for a condition which may present in a variety of ways, but I feel that students may be disappointed by some of the generalisations—which are of a type which would earn them criticism if reproduced in an examination.

Towards the end of the book there is a short chapter written by a clinical psychologist which gives a useful general outline, and there are other sections which are comprehensive and clear—for example, those on cord lesions, spina bifida and peripheral nerve lesions. Others are less successful and unfortunately include the chapters on hemiplegia, disseminated sclerosis and polyneuritis where, arguably, the physiotherapist can contribute most.

However, as a whole the book is a welcome addition to the sparse collection of physiotherapy text-books, and will do valuable service as a basic guide for second- and third-year students.

R.J.C.

CORRESPONDENCE

Mr. Arthur Wallis

SIR,—Mr. Arthur Wallis will be retiring from the Medical School at the end of September and I know that large numbers of Guy's people will wish to be associated with a presentation to him.

Contributions, which should not exceed £5.00, should be sent to me.

Yours faithfully,

J. C. HOUSTON, *Dean.*

Medical and Dental Schools,
Guy's Hospital, S.E.1.

Miss Hilary Smith

SIR,—May I, through the courtesy of the *Gazette*, thank all those who so generously sent good wishes and contributed to my farewell presents.

I would like to express my sincere appreciation for all the support and consideration shown to me during my appointments at Guy's.

Yours faithfully,

HILARY SMITH.

10 Heathfield House,
Eliot Place, Blackheath,
London, S.E.3.

Nurses' League

SIR,—Every year in May several hundred Guy's nurses converge on their Alma Mater in order to revive memories and friendships.

Without doubt the patriarch of the gathering is the beloved President of the Nurses' League, Miss MacManus, who, perhaps more than anyone else I know, can remind Guy's nurses of the true spirit of service and friendship to the sick, which we must all endeavour to retain, no matter what the changes of modern times may bring with them. In her inimitable way she recalls for us the past to make it alive as if it were today.

The beautiful service in our lovely chapel, the easy and pleasant tone of the meeting in the inconvenient but familiar Physiology Theatre, the exquisitely arranged flowers, the reports on changes and plans at Guy's, the courtesy and generosity of the Administration, the delicious tea supplied by "Eddie" and handed round by staff (some of whom have served Guy's loyally for more years than we care to remember) and the welcome we receive when we invade the wards and departments before going home, all greatly contribute to our enjoyment.

An enormous amount of work goes into making the day such a happy one for us all and one clearly senses that all is done in the true spirit of Guy's. I am unable to mention everyone who gives so generously of time and energy, but, through the courtesy of the *Gazette* and on behalf of all other Guy's nurses who enjoy the League reunion as I do, I send a warm "thank you" for a happy occasion.

Yours faithfully,

MARGARET DUNCOMBE, M.B.E., S.R.N., R.S.C.N.

1 Moor Place, East Grinstead,
Sussex, RH19 2EY.

The Abortion (Amendment) Bill

SIR,—The June 28th issue of the *Gazette* treated us to an addled editorial about midsummer madness, some historical irrelevancies, and the "triumph of good over evil". Its topic was the Abortion (Amendment) Bill. Following a series of non sequiturs, your leader writer appears to conclude that all illegal abortions in the dark ages pre-1967 were evil, whilst all legal abortions in the light of Steel and Lane are good.

Your writer asks "why stop at abortions, why not make doctors justify any medical or surgical procedure?" My answer is in a different context, but does it seem unreasonable to justify a procedure which, in competent hands, carries an almost 100 per cent mortality—for the foetus? We were also told that "the light of sensible reason must prevail and any non-scientific emotional views . . . disregarded". Strange as it may seem, abortion, the extinction of a potential human being, is to some people an emotional business. May I quote from Bernard Nathanson (N.E.J.M. Nov. 28th 1974): "abortion must be seen as the interruption of a process which would otherwise have produced a citizen of the world. Denial of this reality is the craziest kind of moral evaseiveness".

The seventies may be seen as the decade of "rights", equal rights, civil rights, women's rights. We hear little of responsibilities. So there has emerged the strange situation whereby the foetus is being acceded greater legal rights —the right to inherit property, the right to sue for damages—on being allowed to complete the continuum from conception to delivery. However, the society which doles out rights would deny the foetus the fundamental right to life. The mightiest right appears to be the woman's right to choose.

There will always be a need for abortion. Legalising abortion does not make it "good". Would that the issue were so simple.

Yours faithfully,

DENIS GILL.

85 The Hall,
Blackheath.

The Abortion (Amendment) Bill

SIR,—Your opposition (June 28th) to the Abortion (Amendment) Bill rests upon your assumption that abortion is the same in principle as any other surgical or medical procedure. It is not. Prior to the 1967 Act medicine and surgery were directed towards the saving of life and the relief of suffering. The 1967 Act permits doctors to terminate potential human life on demand. It is frequently argued that abortion is indeed compassionate and relieves suffering. There are many circumstances in which this is so but there are also many cases where the only indication for abortion is that pregnancy is inconvenient. Is it so unreasonable that a doctor should be required to justify himself when he takes potential human life on such grounds?

You state that Mr. White's Bill is a threat to the freedom of the Profession. You are probably not aware of the restriction that has recently been placed on that freedom. The Chief Medical Officer of the DHSS has advised that in certain specialities, notably gynaecology, anaesthesia and psychiatry, the consultants' advisory appointments committee should enquire of candidates what their professional intention is concerning abortion, should they as consultants be required to take part in an abortion service. Thus a man may be denied a consultant post, not on the grounds of his professional and personal qualities, but of his personal convictions.

The evidence indicates that in our tolerant society only those who swim with the tide will be tolerated.

Yours faithfully,

J. F. SEARLE.

8 Thornton Hill,
Exeter, Devon.

Gay Medics Group

SIR,—How amusing to think of those Gay Society members sitting around earnestly discussing matters of social consequence in some committee room somewhere—quite unlike the scenes of unbridled lust which hitherto one might have associated with a "Gay-Soc" meeting!

More seriously though: Guy's is not a collection of weird and wonderful clubs, but a hospital; and patients coming in for treatment of disease are not amused, impressed, or reassured by doctors (or would-be doctors) declaring with great pride that they are homosexual.

Yours faithfully,

P. M. FENTON.

East Wing,
Guy's Hospital.

Gay Medics Group

SIR,—I have read the correspondence in your columns with increasing horror. I am not in the least interested in the behaviour of the ancient Greeks, nor in the psychological and social problems of their modern imitators; I am merely provoked to write to you as the father of a six-year-old boy who was sexually assaulted over a period of weeks by a school master, with threats of physical violence if he gave the game away.

It behoves us all to decide whether homosexuals are suitable material for the medical and allied professions—they certainly make lousy scoutmasters as I can testify.

Please may we keep their advertising out of the colonnade (and the *Gazette*) and confine it to where it belongs, the contact magazines and Soho shop windows.

Yours faithfully,

CLIVE BROOKS.

1 Esplanade,
Rochester, Kent, ME1 1QG.

Hazards of the E.C.G.

SIR,—I would like to draw to your attention one of the possible hazards that your readers may encounter while taking an E.C.G.

One of my patients, a particularly attractive 22-year-old brunette, was being investigated for her "nerves", and as a routine I was asked to perform an E.C.G.

Having explained the procedure to her, using as much suitably scientific jargon as possible, I then proceeded to apply the electrodes to the wrists and ankles, and then the first chest lead.

I then turned on the machine and ran off a couple of feet of standard lead, liberally interspersed with 1mV standard deviations, with which the patient was duly impressed. I then tried lead 1 and found, to my puzzlement, that the machine emitted a curious zig-zag line, bearing little relation to any pattern I had previously encountered.

The nurse who was present then suggested that perhaps I should connect the leads from the machine to the electrodes I had so carefully applied earlier!

I mumbled something about "I was just going to do that", and only hoped that the patient had not realised my mistake!

Yours faithfully,

LINDSAY PRITCHETT.

East Wing,
Guy's Hospital.

SPORT

Commentary

The end of the academic year always heralds the advent of one of the troughs of sports activities. Another landmark is the playing of the annual six-a-side Soccer tournament which was won this year by Rupert Dynamo, who beat the gifted Dildo Dozen in the Final. Sadly it had to be decided on penalties but there is no other way if the deadlock cannot be broken. Going on at the same time was a First Eleven Cricket match against the Brixton West Indian Cricket Club—notable was Ian Phoenix scoring the last fifteen runs needed to win which also brought up his half century exactly. The 1st XI has won three matches fewer than it has lost while the 2nd XI are unbeaten to date —surely a tribute to the character and captaincy of Alistair Smith, who also inspired such spirit in the 3rd XI Hockey last year? The Ladies' Tennis team were convincingly beaten in the Final of the U.H. Cup by King's College Hospital—a harsh result in view of the effort made by that Club throughout the whole Season.

But perhaps the most startling change seen on the Guy's Sporting Scene this Summer is at H.O.P. where Eric and Joyce Dann have created within three months an extremely pleasant atmosphere. The standard and quantity of food available has changed very much for the better, and it would be surprising if the involved breweries were dissatisfied with the turnover—but let it be said now: do not take the Danns for granted.

BLUES COMMITTEE

The following Blues were awarded by the last meeting of the Blues Committee :

Ladies' Hockey—Half Blue: Miss Julie Sanderson.

Ladies' Swimming—Half Blue: Christine Smith, Mary Ganzcakowski.

Football—Full Blue: K. Brame.
Half Blues: S. F. Evans, P. Hunt, G. Tamlyn, G. Trotter, I. Wilson.

Hockey—Full Blues: M. Selley, J. Vafidis.
Half Blues: A. Scott-Smith, J. Clark, R. Forber, S. Flint.

Rowing—Full Blue: D. Wright.
Half Blues: P. Rosie, G. Mason. S. Durham, P. Bolton.

Rugby Football—Full Blues: J. Harker, J. Rooke, A. Portelly, B. Hagan.
Half Blues: L. Hughes, R. Moore, P. Emery.

Sailing—Full Blues:W. Sudell, R. Ingham.
Half Blue: Miss L. Finlay.

Squash Raquets—Full Blues: A. Kingon, C. Mackenzie, R. Kirschen.
Half Blue: C. Holden.

Water Polo—Full Blues: A. Smith, G. Abrahmson.
Half Blue: G. Rhimes.

M. J. Gleeson, Secretary, Blues Committee

LADIES' TENNIS

U.H. Cup

Guy's 1½ vs. King's 7½

Wednesday, 25th June, at H.O.P.

Guy's lost to King's in the finals of the United Hospitals Cup, which was rather disappointing not only to the players, but also to Mr. Dann who had prepared the courts so well for us. Some good matches were played but King's provided the better team and deserved their win on the day.

This also turned out to be our last match of the season, which has been a very successful and enjoyable one. We look forward to next year and hope that the support and conscientiousness of the players will continue so that, perhaps, we can win the cup!

Team : J. Mason, S. Perfect, M. Long, P. White, L. Broughton, C. Irwin.

M.L.

ATHLETICS

Inter-Hospitals Athletics Cup

Saturday, 14th June, at Motspur Park.

Unfortunately Guy's were not able to win and retain this Cup for the eleventh year running. The afternoon provided some excellent athletics and the match was eventually won by Bart's.

I believe that some mention should be made of the fact that the Guy's team consisted of only three men who, despite very tough opposition, managed to score a total of 57 points, enough to place Guy's third out of eight overall. I would therefore like to take this opportunity to thank Simon Caley, Tony Portelly, and Paul Robinson.

Simon Caley was awarded the Field Events Trophy for his performances, which included first place in the discuss. shot and hammer.

BADMINTON

Guy's 2 vs. Bromley 7

Wednesday, 18th June.

Guy's Hospital Badminton Club had its first taste of match practice on Wednesday, 18th June, against a local Bromley Club. This momentous occasion began after waiting half an hour for a late member of the opposition. This normally does not matter but when the aforesaid character has only come from a local sportshop situated at London Bridge . . . ?

For the unenlightened a Badminton match consists of nine matches each of three games. This can be very exhausting especially when you are playing in a mixed match as we were on Wednesday. The match began at 6.30 p.m. and ended at 10.00 p.m.—badminton matches usually end on a social note in the bar.

The match itself was lost, and this was largely due to a lack of match practice and experience. The shots played tended to be far too hurried and snatched and this led to poor returns and complete mis-hitting of the shuttle. With more practice the players that did turn out on Wednesday could mature into fine badminton players.

Anyone interested in playing badminton at Guy's should come along to the Pavy Gymnasium on Wednesdays at 5 p.m., or Thursdays at 6 p.m. (Thursdays are generally reserved for match practice).

Players : Colin Hopper and Julia Cameron.
Mark Harris and Ann Dudeney.
Bob Hannaford and Jan Turtle.

M. W. Harris.

MEN'S TENNIS

U.H. League

Guy's 4 vs. St. Thomas' 5

Wednesday, 18th June, at Cobham.

Guy's narrow defeat could have been reversed to a comfortable victory had the doubles matches been played first. Instead the No. 3, 4, 5, 6 singles matches resulted in a solitary victory by Ian Bryant at No. 4. Thus encouraged, St. Thomas' won the 2nd and 3rd doubles matches. However, Chris Mackenzie and John Southgate won their match without fuss and Chris then proceeded to destroy his opponent in the singles while John fought back tremendously after a 0—6 1st set to win his singles 0—6, 8—6, 6—4.

Team : C. Mackenzie, J. Southgate, M. Chan, I. Bryant, M. Hodes, P. Saunderson.

U.H. Cup 2nd Round

Guy's 5 vs. Westminster 2

Saturday, 21st June, at H.O.P.

Guy's go through to meet St. Mary's, last season's joint holder in the semi-final after this splendid victory. The 1st pair of C. Mackenzie and J. Southgate paved the way by winning their 3 matches without dropping a set. M. Chan and I. Bryant, the 2nd pair, and D. Macpherson and J. Farquharson, the 3rd pair, ensured victory by capitalising on the weakness of the Westminster 3rd pair. A whitewash was prevented when Guy's 2nd and 3rd pairs lost to Westminster's 2nd and 1st pairs respectively.

U.H. League

Guy's $4\frac{1}{2}$ vs. Royal Free $4\frac{1}{2}$

25th June at H.O.P.

Of the 3 doubles matches played, Chris Mackenzie and John Southgate (as usual) and Jamie Farquharson and Matthew Hodes won, while the bemused 2nd pair of Mike Chan and Chris Kelsey lost. Guy's had mixed fortunes in the singles. Mike Chan and Jamie Farquharson won convincingly while John Southgate, Chris Kelsey and Matthew Hodes lost just as convincingly. With the captain, Chris Mackenzie, drawing his singles, the match was tied at $4\frac{1}{2}$ points each.

M.C.

RUGBY CLUB

With the approach of the new season it is necessary at this point to give news concerning the activities of the club at this particular time. The A.G.M. held last month passed some major proposals which will need the support and co-operation of the players and captains of all teams if they are to succeed. The most important proposal passed that the "club should play as a club and not on an individual team basis" has long been awaited and I am sure with this in mind a successful and enjoyable season may be achieved.

Pre-season training has already started and these sessions are held every Monday and Wednesday evenings at H.O.P. commencing at 5.45 p.m. Everyone within the club are invited to attend.

Finally, the annual Rugby Club visit to Thatchings takes place over the weekend 5th, 6th and 7th of September. The weekend will consist of training on Saturday and Sunday morning, culminating with a game against Bognor R.F.C. on Sunday afternoon. The cost of the weekend is a very reasonable £4.90. Any player wishing to go should contact J. Brazier or place his name on the list in the East Wing as soon as possible.

B. J. Hagan, Captain.

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF CAMBRIDGE

Final M.B., B.Ch.
June 1975

R. J. A. Butland*	T. J. Meredith
S. J. N. Daniell	J. M. Metcalfe
N. R. Drane*	D. J. Nutt
S. K. R. Johnson	R. C. Parker
T. H. Lee	M. S. Phillips
C. J. D. Maile	S. J. Rose
K. R. Mao	R. N. F. Spence

*Passed Part II :B - Surgery and C - Obstetrics and *Gynaecology*.

UNIVERSITY OF LONDON

Preliminary Examination for Studies in Medical Subjects September 1974

Supplementary List

W. D. Leefe
F. J. Mendl

Ph.D. Medicine
June 1975

Ludmila Ivanyi
(Oral immunology in relation to dental disease)

M.D.
June 1975

D. A. Osborn

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

June 1975

M. M. Henry	I. H. K. Scott
B. R. Kenning	Deirdre C. T. Watson
J. R. Pepper	C. R. J. Woodhouse

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

Finals Results, May 1975

Miss S. J. Belsham
Miss B. A. Davies (Credit)
Miss S. Fairs (Credit)
Miss C. P. Gilchrist
Miss V. M. Grant
Mrs. D. J. Hudson (née Middleton)
Miss S. J. Peach
Miss L. M. Rickard
Miss J. A. Taylor
Miss S. Watson

GUY'S HOSPITAL DENTAL SCHOOL

Junior Lecturer/Lecturer (full-time) in the Department of Oral Surgery

Applications are invited for the above full-time appointment with duties to commence on 1st September, 1975. The Dental School will be moving to new accommodation in August this year, and excellent facilities will be available for research and study for higher qualification. The salary will be within the range £3,765—£4,071 and £4,326—£6,642 according to experience and qualifications, with superannuation.

Application forms are obtainable from the *Dean, Guy's Hospital Dental School, London* Bridge, SE1 9RT, and should be returned as soon as possible and not later than **6th August, 1975.**

DEATH

Herbert Poyton, on 18th June, at the age of 99; qualified in Dentistry at Guy's in the early years of the century.

CHANGES OF ADDRESS

Dr. Alan M. Edwards, M.D., M.R.C.P., F.R.C.Psych., 107 Harley Street, London, W.1. (Tel. 01-935 5436). Home: 10 Sherrards Park Road, Welwyn Garden City, Herts. (Tel. WG 26578).

Mr. and Mrs. A. G. Fallowfield, 147 Shirley Drive, Hove, Sussex, BN3 6UP.

Dr. and Mrs. Jack Fine, 3 Church Meadow Reynoldston, Gower, S. Wales.

PERSONAL

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PAPERS BY GUY'S MEN

Ramsay, C. A. and Giannelli, F. (1975). The erythemal action spectrum and deoxyribo*nucleic acid repair synthesis in xeroderma* pigmentosum. **Brit. J. Dermatol., 92,** 1, 49-56.

Roy, P. R., Saunders, A. and Sowton, G. E. *Review of variations in origins of left circumflex coronary artery.* **British Heart Journal,** 1975, **37,** 287.

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Silverman, S., Constine, L., Harvey, W. and Grahame, R. Survey of joint mobility and in vivo skin elasticity in London school-children. **Annals of Rheumatic Diseases,** 1975, **34.** 177.

Spurrel, R. A. J., Krikler, D. M. and Sowton, E. Problems concerning assessment of anatomical site of accessory pathway in Wolff-Parkinson-White syndrome. **British Heart Journal,** 1975, **37,** 127.

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Ungar, A., Panayi, G. S. and Lessof, M. H. Carcinoembryonic antigen in rheumatic diseases. **Rheumatology and Rehabilitation,** 1975, **14,** 19.

Yates, A. K., Thorburn, C. W., Sowton, G. E., Deuchar, D. C. and others. Surgical treatment of ventricular tachycardia after epicardial mapping studies. **British Heart Journal,** 1975, **37,** 115.

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MONTHLY TWENTY-FIVE PENCE VOLUME 89 NUMBER 2249

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

SAWDUST AND THE SPIT

There are many things, said by many people many times concerning the Spit and most of them are unprintable, but believe it or not the Spit does have its champions. Such a man is my good friend the gormless gourmet Magnus Bore. Charming, intelligent and good looking he may be, but the man has no taste. He told me that a few nights ago he had had a disquieting experience. He had dreamt that he was eating an enormous marshmallow and had woken up to find that his pillow had gone.

He will not listen to the gripes and grumbles of others— he himself can find no fault with the spit-food. Only the other day I saw him saunter into the Spit as casually as the man from Egan Ronay. He perused the menu for a while and approached the comely young serving-wench.

"I would like a fried egg", he said, "with a solid rubbery yolk and the white raw and gelatinous and I would like the egg placed on a piece of bread fried to such crispness that it is dangerous to approach it with a knife and fork, unless you are wearing goggles (for fear of shrapnel). With this I would like to have two sausages made entirely of breadcrumbs and gristle, burnt black on the outside and raw on the inside. To complete the feast I would like you to cremate a couple of skimpy pieces of bacon and hurl the lot on a cold greasy plate."

"But", said the wench, "this is far too difficult; we could never manage to prepare such a meal."

"My dear", said Magnus, "you managed perfectly well yesterday!"

THE PROBLEM OF COMMUNICATIONS

The main function of the *Gazette* is to serve as a means of communication. The dictionary defines communication as "the imparting, conveying or exchange of ideas, knowledge, etc., whether by speech, writing or sign". The aim of the Editorial Staff is to ensure that there is a balance between current student opinion and reports from the various Clubs, news of activities within the Hospital and news of Guy's men and women in the outside world.

"There can be little doubt that there has been a great want of some medium of communication between one class of Guy's men and another. Guy's Hospital is a large place, and it is quite impossible for any student to expect to be cognisant of all that takes place within its walls." This was the stated aim of the first edition of the *Gazette,* published on 1st October, 1872. Initially the *Gazette* was only concerned with imparting knowledge to fellow medical students in the form of cases on the wards, lectures, sport and information from the Superintendent. Over the years the exchange of ideas has increased by extending the scope of the *Gazette* to include dental and nursing information. This year we have extended our cover to the Schools of Physiotherapy and Radiography. In this edition we sincerely welcome the beginning of an official Clubs' Union News column; the first contribution is from Peter Watkinson, the Clubs' Union President.

Hospital Information comes from various loyal sources who consider that it is essential that certain information should automatically be published in the *Gazette.* However, it is often surprisingly difficult to obtain news about major activities within the Hospital. This could be put down to the inexperience of the Editorial Staff, who, after all, are mere students and not trained reporters. Many interesting topics seem either to be *sub judice* or no one has time to elaborate further and we are later presented with a *fait accompli.* A copy of just one of the many circulating memos and minutes would have served us adequately to perform the simple task of conveying general information to our readers, without any time-consuming invasive procedures at all.

When talking to Guy's men and women outside the Hospital the impression obtained is that they naturally wish to hear about their colleagues and former fellow students but are more interested to read that the students today are thinking and doing the same sort of things that they did when they were at Guy's. But the need for "feed-back" is so very important and it is extremely helpful to hear the views of readers, either personally or for publication, to aid us in the planning of the *Gazette.* In this age of the so-called "Mass Media" the art of conversation and letter writing appears to be suffering. Maybe this is because people are frightened that if they commit themselves to paper it may be used against them. In our profession we cannot let this happen and the need to communicate freely is even more important today than it was on 1st October, 1872.

NEWS IN BRIEF

Dr. David Stafford-Clark

We are very pleased to be able to report that Dr. and Mrs. Stafford-Clark have now been given permission by the Turkish authorities in Cyprus to return to their old home, which is being restored after the damage it received during the recent troubles. For administrative reasons, pending a final agreement on the political future of the Island, Dr. Stafford-Clark's address does not include the name Cyprus and gives the impression that he is living in Turkey. This is because the Cyprus Post Office, which is in the Greek southern part of the Island, refuses to accept any responsibility for the delivery of letters to the Turkish northern part of the island, where they live. We publish in our correspondence section a letter from Dr. Stafford-Clark entitled "Psychiatry at Guy's".

Consultant Appointment

We are pleased to announce that Mr. Laurence J. Turner, M.B., B.S., F.R.C.S. (Canada), has been appointed Consultant General Surgeon at the Royal Columbian Hospital, New Westminster, British Columbia, Canada.

Last Clinical Lecture

On Thursday, 31st July, Dr. Mann gave the last lunch-time Clinical Lecture in the Anatomy Theatre. An enthralled loyal audience listened to an excellent talk on Cirrhosis of the Liver which included an interesting illustrated historical background. Under the new Clinical Curriculum there will be a series of Topic Sessions, to be held each Monday, Tuesday and Thursday at 4.15 p.m. in the Anatomy Theatre. The Topic Sessions will be :

October—Neurology.

November—Rheumatology, Immunology and Orthopaedics.

December—Endocrinology and Metabolism.

January—Cardiology.

February to May—Advanced Series, topics are under consideration at present, since it concerns those senior students who are about to qualify and have already been attending Clinical Lectures and the Course of lectures in Pathology and Pharmacology. The topics suggested include the following headings: Emergencies, Problems, Management, Medicine and Society, Advanced Therapeutics.

June—Chest Diseases and Nephrology and Urology.

July—Haematology.

August—Oncology.

September—Gastroenterology.

Guy's Dinner in Victoria, British Columbia

On Wednesday, 4th June, 1975, a small group of Guy's graduates, and physicians, who had done some post-graduate training at Guy's, met at a local German restaurant, The Bavarian, for a reunion dinner.

Those present were: Dr. and Mrs. M. Wirk, Dr. Brain Pound, Dr. K. S. Baichwal, Dr. R. T. Brownlee, Dr. and Mrs. Guy Screech, Dr. J. M. Fox, Dr. and Mrs. Malcolm B. Williams, Dr. H. J. Lewis.

It was decided to attempt to meet annually, and if there are any Guy's men thinking of moving to British Columbia, or presently in Victoria who may be interested, please contact Dr. H. J. Lewis, Orchard House, Seaview Road, Victoria, B.C. V8N 1L1, Canada.

Harvest Festival

The Harvest Festival Service will be held on Sunday, the 28th September.

Move to The Tower

At last various Departments are on the move to The Tower. The expected dates of opening are as follows :

Lower Ground Floor:

Electron Microscopy, Stores, Staff Restaurant—end of October.
Kitchen—end of September for patients (to be fully functional by the end of October).

Ground Floor:

Telephone Exchange—in operation.
Ante Natal Department—end of September.

Floor	1 :	Theatre and Intensive Therapy Unit—29th September.
Floors	2-3 :	Diagnostic X-ray—December.
Floors	4-5 :	Clinical Pathology—end of September.
Floor	6 :	(Plant floor—in operation).
Floors	7-8 :	Paediatric Research—early September.
Floors	9-12 :	Paediatric Department—mid October.
Floors	13-16 :	Obstetrics Department—early October.
Floors	17-18 :	University Research Floor (Clinical Science)—end of September.
Floor	19 :	(Plant floor—in operation).
Floors	20-28 :	Dental School and Hospital—(See fuller details below).
Floors	29-30 :	Lecture Theatre—end of October.

Note : Fuller details of the Departments and the Names of Wards and Departments were given in the *Gazette*, in an article (1973, page 162), and a letter (1974, page 218).

Programme for the move of the Dental School and Hospital to The Tower

The Dental Clinical Departments will close on 22nd August and reopen in the Tower on 8th September.

The Dental Casualty, Department of Oral Surgery and Consultants' Clinics will remain in operation until the week-end of 6th September, when they will move and reopen in the Tower on 9th September.

Department	*Floor*	*Closing Date*	*Opening Date in Tower*
Materials Research	20	15th September	22nd September
Prosthetics Lab. (School and Student Technician)	20	11th August	1st September
Prosthetics	21	22nd August	8th September
Prosthetics Lab. (Hospital)	21	1st September	8th September
Preventive	21	22nd August	8th September
Consultants' Clinics	22	6th September	8th September
Orthodontic Lab.	22	22nd August	1st September
Children's	22	22nd August	8th September
Oral Surgery	23	6th September	8th September
Primary Treatment Unit (Casualty)	23	6th September	8th September
Central Records	23	22nd August	1st September
X-ray	23	28th July	8th September
Conservation	25/26	22nd August	8th September
3rd Year Lab.	25/26	1st September	8th September
Photographic	26	8th September	15th September
Pre-Clinical Classroom	27	11th August	1st September
Oral Medicine	28	15th September	6th October
Oral Immunology	28	22nd September	29th September
Clinical Research	28	29th September	6th October

Planning the Move

The time taken from the handing over by the builders to the opening of a Department will be approximately 7 weeks. This is made up as follows: When a floor is handed over by the builders, on approval by the architects, it is first cleaned and the floor sealed; this takes one week. Equipping the floor can begin in the second week; the positioning of new equipment takes two weeks. Three weeks are allowed during this period for essential alterations. Next comes a period of installing and testing the equipment. Finally there is a period set aside for teaching and orientation of the staff who will work on that floor.

The Greenwood Theatre

The Greenwood Theatre will open with a Gala Matinée in aid of the Artistes' Variety Benevolent Fund in the presence of H.R.H. Princess Alexandra on Tuesday, 2nd September.

The theatre, which is situated in Weston Street, beside Wolfson House, is named after the late Sir James Greenwood, a member of the late Board of Governors of the Hospital; and is leased to Greenwood Properties Ltd. The theatre was commissioned by the Special Trustees of Guy's Hospital, who are responsible for the administration of the old Endowment Fund of the previous Board. The Medical School will be able to have use of the theatre for certain activities, such as for An Address to be given during the 250th Anniversary Celebrations next May or for Conferences, as will Student Societies such as the Theatre Club and Music Clubs.

The theatre has been designed so that it can be used for conferences and lectures as well as for theatrical productions. It has 466 seats and there are facilities for still and film projection, magnetic recordings, radio and television transmissions. Space is provided for 4 translators. The stage measures 60 feet wide by 30 feet deep and a forestage, which lowers to form an orchestra pit. The safety curtain shows a view of the Hospital from the Front Court! There are refreshment facilities for light meals and a bar, which are open at lunch time and in the evenings.

A pre-opening season of 4 plays began on 4th August with "Beyond the Fringe". This was followed by "The Golden Years of Music Hall" on 11th August, with Elsie and Doris Waters, Bob and Alf Pearson and Sandy Powell, M.B.E., amongst the stars who gave us an enjoyable, nostalgic evening which was well appreciated by the many local people who came to the show. "Five Finger Exercise" began on 18th August, with Hywel Bennett, John Paul and Patricia Lawrence. The final show is "Aspects of Max Wall" which runs till 6th September. The box office telephone is 403 0592.

Future productions are :

September 8th - 20th—"Boum"—a new musical show devised and directed by Barry Dennen. Mr. Dennen was the M.C. in the London stage show of "Cabaret" and appeared as Pontius Pilate in "Jesus Christ Superstar".

September 22nd - 27th—"Can you smell gas?": a one-woman show starring Linda Polan with music by Tony Hatch.

September 29th - October 4th—"Death of a Salesman" by Arthur Miller presented by the Oxford Playhouse Company.

October 5th—Guy's Hospital Students' Union Concert: Mike Heron's Reputation + Support Band.

Multi-Story Car Park

The new car park situated at the corner of Snowfields and Kipling Street is now open. It is being operated by National Car Parks Ltd. for the Special Trustees. 100 free passes are available for those members of the Hospital who are considered as priority cases, i.e. people living in Guy's or needing a car to travel between the Hospitals in the Group during the day. The passes are paid for by Trust Funds.

Other people, including the general public, can use the car park on the terms of N.C.P. Ltd.; at present an introductory rate of 15p an hour (normal rate 20p an hour). It is open 24 hours a day.

The Local Authority was not pleased with the plan to build a car park as they said it would attract too many cars into the area. They have imposed severe restrictions on the number of spaces within the Hospital and it is unlikely that many new spaces will be made available when the contractors' huts are removed and the land cleared around the New Tower. New parking permits for parking within the Hospital grounds are being prepared.

Guy's Hospital Nurses' League Journal

We wish to offer our congratulations to our Nursing Correspondent on becoming Editor of the Guy's Hospital Nurses' League Journal. Pam Jefferies, who has written for the *Gazette* since 1969, succeeds Mrs. Margaret Helliwell as Editor. Mrs. Helliwell, who has been Editor of the Journal for 5 years, also runs the new Flower Shop.

"The Flowers that bloom in the spring . . ."

We wish to congratulate the Gardener and his Assistants for the colourful displays in the flower beds and urns that they have managed to maintain around the Hospital in spite of the extreme heat and drought of this summer. We also extend our praises to the Great Maze Pond Gate Porters, who once again manage to produce an interesting display of flowers and strange plants to make the area around the Tower more colourful.

NOTICE

Magnus Bore's article on the Stethoscope—Part II—*may* appear in September.

The October Edition will be The Freshers' Edition. Usual arrangements will apply. Copy to be received by 15th October.

CLUBS' UNION NEWS

FRESHERS' WEEK

Freshers' Week may sound rather like seven days of soap commercials to an outsider. When does one become "unfresh"? Is it when one realises that A level examinations were only the beginning, or is it when the *Gazette* publishes one's obituary?

In fact *Freshers' Week* is probably one of the most important events in a student's career. It is surprising how many relationships are made and lost in seven days of light entertainment, refreshment and physical and mental exertion. It is a priority that every new student is made welcome at Guy's otherwise many become disillusioned and just become stereotyped academic machines or just general introverts. I've always thought that if anyone had ever been bothered to form an Apathetics Club at Guy's it would have been the longest member of the Union.

This year, with the changing face of Guy's campus, we hope to take full advantage of our new facilities. The Greenwood Theatre allows Guy's to use it on 30 occasions per year, the new swimming pool and Wolfson House are all new additions. With these, and the existing facilities for extra curricular activities, no one has any excuse for being apathetic.

The time table for this year's *Freshers' Week* is:

Monday 29th September

10.00 a.m. Tour round Guy's: anyone prepared to show Freshers around the Hospital should contact P. Watkinson.
5.30 p.m. The Freshers' Tea Party in the Upper Spit.
8.00 p.m. Inflam Disco.

Tuesday 30th September

Film and cartoons in the Physiology Theatre.

Wednesday 1st October

Sports trials in the afternoon followed by a Barbeque and Disco at Honor Oak Park. **REAL ALE** is being installed at H.O.P. which should be an added attraction for sporting or just thirsty staff and students.

Thursday 2nd October

6.00 p.m. Cheese and wine party organised by the National Westminster Bank in the Ballroom. This should be on a similar scale to the very popular cheese and wine party held in April, but because of fire regulations entry will have to be by invitation only.

Friday 3rd October

A number of students are arranging a tour around Southwark for anyone interested in the local colour. If you are interested

please contact Jane Gibbon after the 7th September. Also, the Theatre Club are holding a Workshop and Disco.

Saturday 4th October

Freshers' Hop in the East Wing. This should give everyone a chance to meet students from outside Guy's and generally have a good time.

Sunday 5th October

The Union have booked the Greenwood Theatre and are booking a high class Group plus Suporting Act to hold a concert. Rates will be reduced for Guy's people. If this is a success it is hoped the Union will be able to make concerts a regular event, booking entertainers who are regularly popular on the university and college circuit. Further details will be forthcoming in mid September.

A magazine is also being produced to advise new students on how to survive in London and also general information about the Hospital and its surrounding areas.

Finally, I appeal to every member of the Hospital to be as helpful as possible to new students. They have a vast amount of information to take in, in a very short time. Their first impressions of Guy's may be lasting impressions. I hope they will not be disappointed.

Peter Watkinson.

SPORT

Commentary

The blazing Summer has coincided with a marked improvement in the cricket results. The 1st XI almost won as many as they lost, and several times declared their innings in the two hundred run region. Four centuries were scored during the season, Mike Glover contributing three and Chris Langdon one. There were masses of fifties. The 2nd XI lost only once, and that was to a side of Sri Lankans—not quite their Prudential World Cup side, but associates of them. In the 2nd XI, John Karani must rate as the most consistent batsman, failing only rarely, and also he bowled very accurately. They played as a team enjoying their cricket and almost always someone got runs, including most unlikely people scoring fifties!

Apart from the cricket, which has now virtually finished, and social tennis which is flourishing, any ripples of sports activity come from the winter sports clubs—the Rugby Club has started training and the Soccer Club is kicking off on 6th September against Catford Strollers. Squash and Hockey are still dormant, but the all-year Badminton Club are really freaking out in the Pavey Gymnasium with ends of it painted in a psychedelic green. Another building repainted in green, though in a shade unlikely to be encountered during hallucinations, is the stand at H.O.P. The main changing rooms are receiving a facelift as well and a sign of the atmosphere is that orange squash and potato crisps can now be bought at any time by simply paying onto a tray placed beside the orange machine.

Finally, to all sports secretaries—Freshers tea is on 29th September, so come and sell your own particular wholesale brand of sport; some clubs badly need a good salesman.

OBITUARY

EDWARD G. SLESINGER, O.B.E., M.S., B.Sc., F.R.C.S.

Mr. E. G. Slesinger, Consulting Surgeon Emeritus to Guy's Hospital, died on 18th June, 1975, at the age of 87. Entering the Hospital in 1905, he had a distinguished career as a student, culminating in the award of a B.Sc. with first-class honours in physiology in 1908 and the M.S. with the University of London Gold Medal in 1919. Before this, however, he had graduated in 1911, gained the F.R.C.S. in 1913, and served as a temporary surgeon-lieutenant in the Royal Navy during the First World War. He was appointed O.B.E., mentioned in despatches and awarded the Croix de Guerre with palm. Appointed assistant surgeon to Guy's in 1920, he became surgeon in 1933, consultant surgeon in 1948 and consulting surgeon emeritus in 1953.

He was also honorary consultant surgeon to St. Alfege's Hospital, Greenwich, and to the North Herts and South Beds Hospital and the Surgical Home for Boys, Banstead. His surgical career was matched, however, by a flair for administration and policy-making which he exercised in various capacities between 1943 and 1963. A governor both of the School and Hospital for many years, he was appointed Chairman of the Governors of the Hospital in 1964. He retired from this office in 1965 after nearly sixty years at Guy's.

This catalogue of his achievements, however, does less than justice to the man whose wise counsel and devotion to the Hospital meant so much in the difficult years of reorganisation after the war, in the transition to the National Health Service in 1948 and in the subsequent and even more difficult task of presiding over the Board of Governors with the dark cloud of their dissolution already gathering in the distance. Intolerant of vacillators and critical of pomposity and affectation in any form, Slesinger—or "Slecky" as he was universally nicknamed—was essentially practical as a surgeon and a good and exacting teacher of students and assistants. His particular interest in thyroid surgery attracted large numbers of patients to the Hospital and he had a busy private practice, involving operations in many nursing homes, as often as not with his friend and colleague, Archie Marston, giving the anaesthetic. He rightly claimed that he was personally available when in London within a matter of minutes to anyone who called him from Hospital or elsewhere for professional help. By the same token he preferred to speak or write himself to doctors rather than entrust the task to a secretary.

Guy's Hospital has had few, if any, men as devoted to its service as Slesinger and countless Guy's men will remember him for help, always freely given. As a Chairman of Committee he showed great skill and power of decision and the irrelevant was nearly always given short shrift or quickly dismissed. But criticism was fair and constructive and the ultimate objective always the good of the Hospital and its patients, whom he served with such distinction. He is survived by his wife, Gladys, and two sons, one of whom was a Governor of the Hospital for several years. G.B.

Dr. F. H. BRAIN

Frederick Howard Brain was born at Abbey Wood, then Kent, in May 1908. His family moved to Loughborough in the following year and it was here that he attended the Grammar School and soon showed his outstanding ability. In 1923 he obtained a Distinction in Chemistry in the Oxford School Certificate and two years later repeated the performance with Physics and Chemistry at the Higher Level. In December of that year he was awarded an Open Major Scholarship in Natural Sciences at Jesus College, Cambridge, and went up to read Chemistry, Physics, Mineralogy and Maths in 1926, gaining First Class Honours in Part I of the Tripos. In 1929 he also earned a First for Chemistry in Part II of the Tripos and in the London General B.Sc. Degree. After four years' research work on grants at Cambridge he was awarded the M.A. (1932) and Ph.D. (1939) Degrees.

Brain was appointed to the staff of the Chemistry Department at Guy's under the late Professor C. S. Gibson in 1933. He was at Tunbridge Wells with the pre-clinical Departments in the war years, serving as a War Gas Adviser to the S.E. Civil Defence Region. He was promoted to Lecturer in 1946 and Senior Lecturer in 1949, when the Department became one of Biochemistry and Chemistry on the retirement of Professor Gibson.

Throughout the subsequent, sometimes quite stormy, period of changes Brain showed rock-like loyalty to the Department and School, using his great ability and patience to bring about gradually and peacefully the developments that inevitably had to come with the increase in biochemical knowledge and consequent simplification of basic organic chemical teaching that were so characteristic of the post-war years in Medical Schools. It cannot have been an easy time for him, but I never heard any word or noticed any deed other than those of complete co-operation and loyalty.

Brain was an outstanding teacher; he was one of the few about whom one frequently heard expressions of appreciation. His lectures were most lucid and given with good humour. One of his customs was to draw a huge coloured chemical Christmas card on the black-board at each season for the pleasure of his students. He would often defend the student who found preclinical work difficult, citing an example of one such who had, as a doctor, rendered vital service to his family.

In the laboratory Brain showed much technical skill and patience, as well as the flair for chemistry which his academic record had demonstrated. He made contributions to the chemistry of organic gold compounds and that of β-methylasparagine and recently completed a difficult synthesis of a succinyl lysolecithin suggested as an intermediate in oxidative phosphorylation. He also took part in a number of joint investigations with clinicians, including one with Philip Helliwell on the estimation of trilene, in use as an anaesthetic.

Brain was a most important part of the "Chemistry" of the Department. He was also our keeper of student records; he probably knew more about the individual students than any other staff member and gave much of his time to advising them both academically and personally.

We shall miss "Uncle Howard", as he came to be called. He is married, with two grown-up sons, and we wish him a long and happy retirement to enjoy his family, his love of music and of the English countryside.

G. A. D. Haslewood.

THATCHINGS NOTICE

At a meeting of the Thatchings Trustees it was brought to their attention that occupation at Thatchings from April to August has not increased significantly, that money raised by the Thatchings Working Group is approximately £5,000 short of the target for a year's subsidy and that new fire regulations recently brought into force by the Government will cost an extra £5,000 and will internally mar the house.

The Working Group in reply stated that the Guinness Stroll has only produced £1,000 of the expected £3,000+, that only 115 people out of an expected 350+ have joined the Thatchings Club and that their energetic and time consuming advertising drive was met mainly with an apathetic response. Many people suggested deed changes which were not permissible and others have not fully realised the urgency of the situation.

The total effect of all these observations is that the £2,000+ raised, together with that still to be collected, may be sufficient for the house to run until the 30th September when it will be permanently closed to Guy's personnel.

You were given your chance and by your response have proved that insufficient people really want to keep Thatchings alive. We would like to thank all those who have helped us in our fund raising and those who visited the house whilst under our new management. We also hope that other people attempting to save that heritage, which is left to us, benefit from our defeat.

Thatchings dies on 30th September, 1975, after 28 years' existence. If you want to contact Janet, the housekeeper, please phone Pagham (code 02432) 2142 to offer your remembrances.

Ian Gray,
on behalf of Thatchings Working Group.

Extra: Thatchings Club Members. Arrangements have been made for you to book one week in advance of others for weekend bookings. Please take advantage of this.

THE CARDIO-RESPIRATORY ASPECTS OF CHEST DEFORMITIES

Phillip A. Zorab*

Some years ago, when a Registrar, I saw two patients with rigid spines from ankylosing spondylitis. One was a man whose chest expansion was $\frac{1}{4}$ inch, who had a paralysed left diaphragm, an encysted left pleural effusion (Figure 1), but who, aged forty-eight, still walked to work. The other, a "doubled-up" man, also of forty-eight years, with chin fixed on chest, had a high retrosternal thyroid. Only removable by lateral thoracotomy, this operation did not disturb him unduly. So it seemed to me that, whatever had been previously written about it, spinal arthritis might not cripple lung function. Fifty "burned-out" cases of ankylosing spondylitis from St. Mary's, Paddington, revealed no increased frequency of chest illness. Eighty-two autopsies by Abbatt and Lea (1956)[1] showed leukaemia, of which there were seven cases, to be commoner than acute respiratory illness as a cause of death. Lung function studies on my own fifty cases showed only slight reduction in total lung volumes and suggested that their excellently-moving diaphragms compensated very well for the loss of chest expansion, which might be severe.[13]

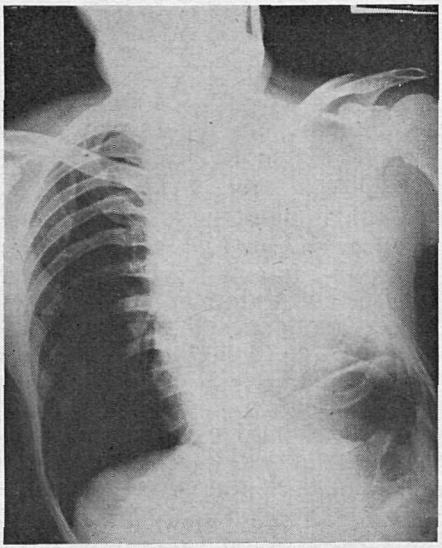

Figure 1 : X-ray showing Pleural Effusion.

*The Paediatric Department of the Cardiothoracic Institute and the Brompton Hospital.

This apparent ability to maintain adequate chest function with spinal rigidity disease gained further support from the evidence we found among the animals in the Natural History Museum. For example, there was a young seal with spinal arthritis, a young racehorse with spinal fusion, or (going back $1\frac{1}{2}$ million years) an armoured dinosaur with a rigid spine, developed, no doubt, to bear the weight of the armour. I recall wondering to Dr. George Simon, one of the Brompton Hospital radiologists, whether early man, before there were doctors, used to survive with rigidity of the spine. Then we learned that Alexander the Great's soldiers certainly did so, for 30 per cent of them in the mass grave at Chatby, near Alexandria, were found to have had spinal osteoarthritis. Older still, there were Egyptian mummies and, armed with Dr. Simon's portable X-ray, we "hauled out" six mummies at the British Museum and X-rayed them through their wrappings[10]. One—a young priestess from Thebes—is dated B.C. 1050 and had slight spinal arthritis; osteoarthritic "lipping" that is, not ankylysing spondylitis, but nevertheless at (to guess) about thirty or so years of age, she must have had quite a lot of spinal discomfort and consequent restriction of movement. So, taken all round, it seemed that spinal restriction, certainly in its most marked form, namely ankylosing spondylitis, was not likely to restrict respiratory function very much. Nothing since has changed that view.

Now kyphosis of other types, "Potts' disease" for example—acute forward angulation from tubercular spinal caries—leads to a shortened thorax and acute kyphosis (Figure 2), and may, if contracted early, lead to handicapped lungs. Usually it doesn't. Usually patients with a "Potts' spine" survive with quite good thoracic function, but may, if they smoke, be heirs to such smokers' diseases as bronchitis, emphysema, lung cancer.

The "round" shoulders of osteochondritis of the spine—Scheuermann's disease—seems to me to lead to no restriction of lung function. "Round" shoulders or kyphosis sometimes goes with bronchial asthma, but here respiratory restriction is from the asthma, not, I think, the chest shape, to which it sometimes leads.

Sternal Depression (Figure 3), poses more psychological than physiological problems. The problem presented is usually of two kinds. Will the sternal depression get worse as the child gets older and become a serious cosmetic handicap? And are the child's respiratory symptoms related to its chest shape? Opinions differ about the need for correction. My own view, when faced with either problem, is usually conservative. Understandably, surgeons are less conservative, and hence can claim some excellent cosmetic results. Whether these are matched by functional results better than those reflecting a young person just "growing up", I think remains unproved. Much of the literature is of a surgical, somewhat technical, nature. I have the impression that one of the most useful contributions is that of Clark (1962), who found no real physiological indication for surgical correction[4]. Science is all very well, but it will not stop anxious mothers, sent to hospital by a concerned G.P. for advice regarding sternal depression. My own policiy is to temporise, whilst recurrent throat

infections, allergies—if any—are assessed, and only then, when serial examinations over several months suggests physical or psychological worsening, to refer them—still a bit reluctantly—to a surgical colleague for his opinion.

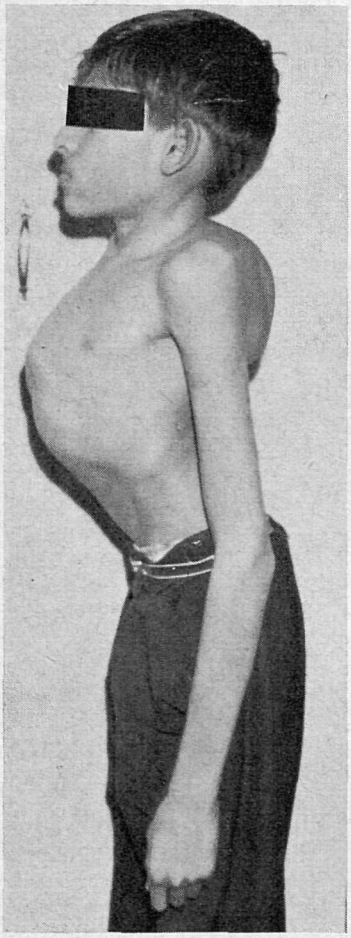

Figure 2 : Kyphosis

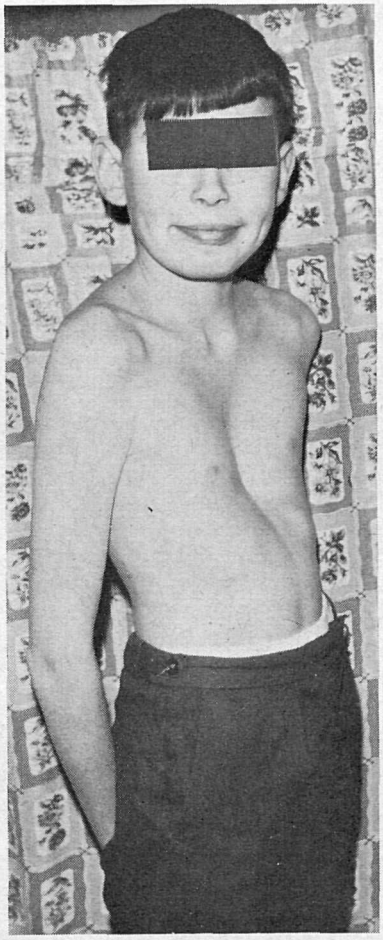

Figure 3 : Sternal Depression

Finally, scoliosis. The cause of many types of spinal curvature—or "scoliosis"—remains a considerable mystery to us all. Some of the leading theories are those which have been expressd by Roaf[8]. Whatever the cause, the effect of "structural" scoliosis, as opposed to that "postural" type (which is correctible by voluntary effort) is always the same. There is always rotation of the spine on its long axis, though of variable amount. The "hump" is caused by the ribs on one side being pushed posteriorly in consequence of the rotation. Idiopathic

scoliosis usually occurs in adolescence, but sometimes it does so earlier. It is very unusual for it to appear after growth ceases. The orthopaedic classification of scoliosis (which seems to me to be rather too loose) has usually been into types such as "paralytic" (following "polio"), "congenital" (meaning that you can see something abnormal on the spinal X-ray), "idiopathic" (which means you can't do so and, furthermore, that muscle power seems normal). I am not going to discuss further the details, which are really orthopaedic details, of scoliosis itself, since I really want to summarise for you our findings about its consequences.

First, let me reassure you about the heart in young scoliotic subjects. Spinal curvature does not displace the heart, which remains central. It does not alter the electro-cardiogram. Heart murmurs in young scoliotics are no more frequent than in normal people[11]. These three facts took us a lot of work to establish, but they are very important. They mean that you must judge the heart of a young scoliotic as you would that of anyone else. If you find something abnormal, it is due to the heart itself, not to the scoliosis. One must remember, after all, that the spine is posterior and the heart anterior. Only on the chest X-ray, a two-dimensional picture, do they seem so close.

In general, we have found in about 670 patients that they have rather smaller lungs than normal (Figure 4), especially in the paralytic group (i.e. after polio), and are particularly impaired as regards the ventilation. Smaller lungs, like a smaller car engine, do not matter much if you can keep up the "revolutions", i.e. in the case of lungs, keep up the ventilation rate. If you cannot, for any reason, your scoliosis leaves you in danger. Your reserve of function is not there, and infection or accident could quickly cause disaster. I must put in here that our experience of pregnancy in severe scoliosis, which is quite a good test of respiratory function, is an almost uniformly happy one[7]. Recently re-done (and unpublished)—and now on about 45 mothers and 75 babies—will be an amplification of some studies we published eight years ago on only seven mothers, showing that pregnancy is safe—obstetric consideration apart, such as pelvic size, etc. —if roughly half of most measures of respiratory function—especially ventilation—remain. Inevitably—and sadly—our now-twelve-year-old follow-up has included a list of deaths. Mostly in the young, these are usually "respiratory", not "cardiac" deaths, and mostly they occur over a period of a few hours. A heavy cold in a severely affected paralytic scoliotic is an emergency, and needs almost the same sort of watchfulness as, say, diabetic coma[14].

We have had 35 deaths since 1962 in our series of scoliotic patients at Brompton. These were mainly young. Since scoliosis is such a vague term—no more, really, than an anatomical description —it follows that many additional disorders may be included under this heading, such as those of Marfans Disease, Friedreich's ataxia and neurofibromatosis. These were included, as well as the straightforward examples of scoliosis, like those which follow poliomyelitis —the "paralytic" group—those with congenital malformations of the spine, and those which are associated with no recognised diseases, in

whom macroscopically the muscle seems normal, and hence are called "idiopathic". One should thus be very cautious of deducing too much from "lumping" the scoliotic deaths together before analysis and concluding that scoliosis qua scoliosis does this or that. However, it does seem that very severe spinal deformity, from whatever cause, may affect the lungs, and that relatively swift death may follow a severe respiratory infection. This is especially worrying for family doctors, who may have only one or two such patients, from which to draw their experience, and may be unaware of the dangers. Very early recognition, very early antibiotics and very early hospitalisation seem to me the safest rules. The simplest distant warning of danger is probably that of a low Vital Capacity. However, let me remark here that no measurement, whether of heart, lungs, X-ray or blood gases, exceeds in importance the doctor's "hunch". "Hunches" are still way ahead of any other measurement yet devised.

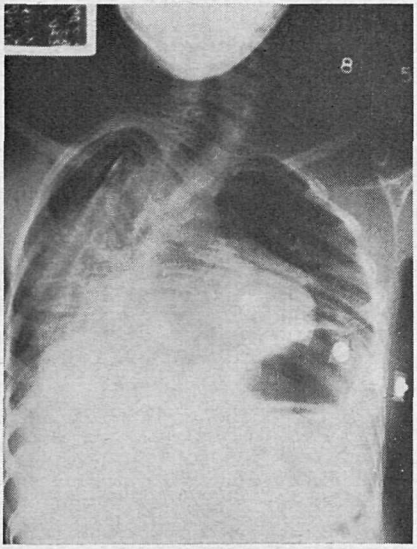

Figure 4 : Scoliosis— X-ray showing ECG chest lead positions.

In terms of incidence, scoliosis is the most important spinal disorder affecting the thorax, with which we have to deal. Wynne-Davies (1973)[12] found the incidence to be as low as two per one thousand children. Others have found it to be substantially higher[9 & 16]. Surely the cause of such a widespread disease ought to be discovered? Sir Herbert Seddon referred to it a few years back as "the last of the crippling diseases". Unfortunately, it is still very much with us. It seems well-nigh incredible that no cause should have been found for about two-thirds of all cases; for, that is, the so-called "idiopathic" group. I say so-called. Orthopaedic specialists in many places often still use this term as if it represented a single disorder. My own views on the causation are those given some years ago, when I said that "scoliosis must surely be due to a disorder of the bony intervertebral

column, the muscles, nerves or arteries surrounding it, or to abnormal growth of the two halves of the body"[15]. Ponseti's studies of the intervertebral discs suggest that the fault lies there[6]. Our own collagen studies, measured by total urinary hydroxyproline excretion, shows some changes, but not whether they are due to the effect of scoliosis or to its cause[2]. Burwell and others have suggested from anthropological studies some growth inequality, though others have yet to confirm their findings[3]. Our own studies of the growth hormone—somatomedin—will not be finished until the end of this year. The masterly spinal artery injection studies of Dommisse have shown the appearance of the normal, and thus have led the way for further studies in spinal curvature[5]. My present feeling—not, frankly, shared by very many—is that abnormal muscle function may be the initiating factor. The muscle on the two sides of the spine opposite to the apex of the curve behaves differently. The muscle fibres look different. I admit, however, that we have yet to show that this change may be the cause, rather than the consequence, of scoliosis.

While some causes of chest deformity are understood, the majority are not. This particularly applies to so-called "idiopathic" scoliosis. Meanwhile, orthopaedic surgeons grapple increasingly successfully with this disease, whose cause no-one understands. Gross deformity is usually preventable if cases of spinal curvature reach the orthopaedic surgeons early enough. However, monitoring of all types of chest deformity is, in my view, best done by an orthopaedic surgeon being in charge, strongly supported by a physician, who sees all these cases of deformity. An ordinary "hack" physician like myself can do this quite well enough if he works, as I am lucky enough to do, at a good centre, surrounded by good medical colleagues and helpers.

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BOOK REVIEW

"A Guide to the Intensive Therapy Unit" by R. Finn and P. M. E. Drury. Pp. 113. Price £1.80. Published by Butterworths, London.

This small book succeeds admirably in its aim to provide house officers with a short introduction to the work of an Intensive Care Unit. The authors have not attempted to be comprehensive and have consistently kept to general principles and common clinical problems. The early pages are of particular importance as they set out why such units exist and the factors which contribute to their success. These opening comments in the book reveal its only major weakness which stems from its parochial view of the problems. The organisation of Intensive Care Units is a marriage between the need to solve problems common to all hospitals such as the shortage of nurses, or the best way to use complex equipment when managing critically ill patients and the local circumstances of the individual hospital. Thus the composition of the medical team responsible for care of patients in the unit, and matters such as clinical responsibility and admission policy, are largely a function of the hospital concerned and the authors sometimes fail to make this clear. They are also rather coy about the costs of such units and therefore avoid much discussion about their value or role in clinical practice. Although their views appeared to reflect uncritically local practice, I did applaud one apparently lost cause here at Guy's and that was their support for student nurses spending some of their time in units to gain familiarity with what goes on.

Detailed criticism is not easy for a book with such limited aims but inevitably its over-simplification will produce oddities like the table listing causes of respiratory failure which omits asthma while status asthmaticus is given a mention under the same heading in the text. I was surprised not to see greater emphasis on "shock" lung as this is attracting increasing interest and most house officers will need to know something about it before working in a unit.

The text is clear and the illustrations are good and this book can and should be read at one or two sittings in the first instance. Once read, the house officer will have acquired a useful perspective and is likely to dip into the book again with increasing frequency as he enlarges his clinical experience, and will find the contents of value throughout his time working in an Intensive Care Unit.

T. J. H. Clark.

NURSING

WHAT AGE THE NURSE?

One of the recommendations of the Briggs Report, was that the age of entry to training should eventually be reduced to seventeen years of age. This, not surprisingly, gave rise to much discussion, and in some cases dissention, which still persists some three years after the publication of the statement.

The reason for proposing a reduction in the age of entry, was due to the fact that the committee hoped thereby that many potential students who leave school at sixteen years and do not wish to wait until they are eighteen in order to commence their training, could be recruited if the length of time were shortened. Furthermore, since the attainment of the General Certificate of Education at Advanced level is not imperative, there is no compulsion for these people to remain at school for an extra two years.

However, there have been a number of objections, some of which do appear to have a sound basis. To commence training at seventeen years, would not only prevent the student attempting any Advanced level subjects, and also eliminate the possibility of her increasing the number at Ordinary level. Many people of course argue, that high academic qualifications are not essential for nursing, but there is also a strong body of opinion which maintains that the present levels should be raised, and certainly for the higher qualifications, the standard has already been raised. If seventeen years were to become the accepted age of entry, schoolteachers, who already consider that it is a waste of time and energy for those of their pupils who are considering nursing as a career to attempt Advanced level would use this as a lever to encourage the discontinuation of schooling. This would be unfortunate, since accepting responsibility in the final years at school, is extremely valuable for potential nurses. Another objection which has been raised, is that of the maturity of the candidate. Young people of eighteen are not in many instances very mature, and therefore those of seventeen will be even less so.

Nursing is not becoming any easier, and the average student nurse has to contend with a great deal both physically and emotionally during her training. A great many of the candidates who come forward at present, are unable to tolerate these, and one can only wonder what would happen to younger girls, and left to ponder on the likelihood of an even larger wastage rate than that which now occurs. One could even consider whether it would be morally right to expose the students to these stresses. Finally, of course, if seventeen were the accepted age of entry to training, the hospitals would revert to a situation whereby all students in their first year of training would be "infants". This puts a far greater onus on the hospital authorities, and the work of organisations which are already short staffed would be increased. The possibility of lowering the age of entry, should be very carefully considered before it is implemented, since it could create far more problems than already exist.

PHYSIOTHERAPY

DEGREE COURSES IN PHYSIOTHERAPY

The training for physiotherapy students in this country is a diploma course leading to Membership of the Chartered Society of Physiotherapy. The minimum pre-entry educational requirements are one pass at Advanced level and five passes at Ordinary level, but in practice the great majority of candidates are able to offer considerably more. At Guy's over recent years, the accepted students have on average just over two "A's" and seven or eight "O's", and from 1976 we are asking a minimum of two "A" levels, although without as yet specifying grades. In other words, most physiotherapy students in the country meet the minimum requirement for entry to a degree course.

Two of the drawbacks to entry into the profession are its low ceiling for promotion, and the non-recognition in academic circles of either the basic qualification or the teaching diploma, other than the three credit exemptions allowed by the Open University.

The prospect of our training, or a modification of it, being accepted by a university is virtually nil although the University of Surrey did show signs of accepting a physiotherapy option in a Biological Sciences degree course at one stage, and may be prepared to consider the possibility again. On the other hand, some of the polytechnics have shown an interest and, to date, one School in Northern Ireland and another in Coventry have transferred to a polytechnic, with resulting improvement in the lot of their teachers. Other Schools are known to be well-advanced in their plans for a similar move but have been held up by interdepartmental discussions between the D.H.S.S. and the D.E.S.

A proposal for a degree course is under active consideration by the Council for National Academic Awards, and, if accepted, the course will extend over four years. The same school will continue to offer a three-year diploma course with the possibility of transfer between the two during the first year. What is intended is that the future leaders of the profession will have the benefit of an academic training, which, it is hoped, will fit them better for research and for critical evaluation of the empirical methods currently employed in physiotherapy. We could therefore have a two-tiered system of training in the foreseeable future, with, at first, a small number of qualifying physiotherapists holding a degree.

As may be imagined, physiotherapists are watching the progress of this C.N.A.A. submission with great interest, as its success or failure will have a considerable bearing on future developments in other schools. It should be emphasised that the proposed four year course must continue to satisfy the practical requirements of the Physiotherapists Board of the Council for Professions Supplementary to Medicine, for without this, the qualification could not be recognised for state registration purposes and its holders would be debarred from practice in the National Health Service.

RADIOGRAPHY

OUR TEACHING RÔLE IN THE HOSPITAL

In this second article I would like to give some idea of the rôle of the Schools of Radiography in teaching in the Hospital as a whole. Obviously our main purpose is to train Radiographers, in both diagnostic and radiotherapy radiography. The course for both subjects lasts for just over two years and leads to the Diploma of the Society of Radiographers. We also have our own Hospital Certificate which has been awarded for longer than the Society Certificate and still, we are happy to say, carries quite a high prestige value. In order to qualify for the Guy's Certificate a student must pass all internal examinations and the Society examinations so that it is by no means an automatic award.

Once a student has qualified in radiography we do not say farewell and forget about any further training, but try to encourage those who stay at Guy's, and others, who, like myself, have qualified elsewhere, to study for the Higher Diploma of the Society of Radiographers. This examination may be taken by senior radiographers with at least four years' clinical experience and is a reasonably hard exam; in the May exam this year less than 20 people out of nearly 200 passed. However, I am happy to be able to tell you that one of the successful ones was Ros Mansi from the Schools. Our next responsibility in training Radiographers is to train teachers who can then start the whole scheme going again elsewhere, or maybe here if they manage to persuade one of us to move.

The reason why I mentioned training in the Hospital as a whole lies in the fact that as well as training radiographers at various levels, we also run courses for other Hospital personnel. The newest of these is a course for darkroom technicians. The first of these courses started in July this year and is still in progress. We also give a series of Tutorials to trainee radiologists on radiographic subjects.

In addition to these courses we also give lectures as part of various nurse training programmes, both pre- and post-registration, and to the operating department technicians. These talks are aimed at explaining what radiation is and how it may be used in diagnosis and treatment of disease, so that all those concerned with its use may have some understanding of it.

That just about covers our responsibility for teaching in Guy's itself and tends, we feel, to keep us fairly busy even with the help we get from many other people throughout the Hospital, to whom I would like to take this opportunity of saying thank-you.

CORRESPONDENCE

Establishing a Crèche at Guy's

SIR,—I should like to raise again the subject of establishing a crèche at Guy's as despite considerable effort from some members of staff no progress has been made. The main administrative objections to its acceptance as a priority project appear to be lack of demand, lack of space and finance. The latter, in the present economic environment provides an immediate excuse for rejecting the idea.

I feel this is the wrong attitude. Working at Guy's one can see that there are job vacancies at the hospital which could usefully be filled on a part-time basis to the considerable benefit of those employed in understaffed departments as well as to those making demands on them. On the other hand I know of women who would welcome the opportunity to work part-time while bringing up their young families. With current inflationary pressures this is an increasing necessity. In addition, from the hospital's point of view, it provides continued return from employees trained, in many cases, at no small expense.

Forty-five such women were listed last Autumn as expressing interest in having a crèche at Guy's and, if this was available, in returning to work there. Surveys done at the administrative level suggest there is no demand. They looked at the reasons given by staff leaving Guy's (only one in three stated they did so because there was no crèche) and also enquired from department heads if any of their current staff would use a crèche. These are obviously quite the wrong populations and it is unacceptable to quote these figures as confirming lack of demand. It is the population not at Guy's, because of its lack of facilities, that needs surveying.

Secondly, one has to accept that a crèche is not an inexpensive enterprise. It must be subsidised to a certain extent by the hospital. Briefly a survey, published this year, of 22 crèches (six run by hospitals), revealed the following average costs for a 30-place nursery. Setting up in either a purpose-built or converted building £7,000-£14,000. Gross annual costs (largely staff salaries) were £7,000-£14,000. Salaries for a trained staff of six would amount to £12,000. £14,000 is therefore a more realistic figure; a cost of £9/child/week. The figure of £20/child/week quoted in *Guylines* this month therefore seems to contradict current experience. The mothers, on average, paid £2-£3 per week. The nurseries studied were subsidised by £2,000-£7,000 per year, a sum which was felt to be counter-balanced by the economic return of recruitment of additional staff.

To establish the crèche support from organisations and charities could probably be raised as has been done elsewhere. But before starting this, plans must be made for accommodation. This can only be done when the administration accepts the necessity for the project and gives it priority.

I do not feel that Guy's can ignore that it is situated in an increasingly difficult recruitment area. I use the crèche facilities at the Hospital for Sick Children, Great Ormond Street, which is a very successful enterprise, despite its situation in Central London, and has a waiting list. It frustrates me that my own teaching Hospital fails to see the sense in such a scheme.

Yours faithfully,

Dr. VALERIE WASS,
Department of Paediatrics.

Guy's Hospital, S.E.1.

Psychiatry at Guy's

SIR,—In the December 1974 edition of the *Gazette,* Dr. Oswald Balean published a letter of inspired nonsense on the subject of Psychiatry at Guy's. It was acknowledged briefly and politely by Professor Watson, and later answered with studied moderation and lucidity by Dr. Chilvers, who had taken the trouble to write from the other side of the world, in New Zealand.

This galvanised the already hyperactive bees in Dr. Balean's bonnet (which had meanwhile produced a second and only marginally relevant or comprehensible communication headed Medical Journalism) to return to the theme of Psychiatry at Guy's in the issue of May 1975.

The third epistle surpassed both its predecessors as a masterpiecie of misinformation. No refutation can avoid a brief quotation from this astonishing epic; writing of Psychiatry he says "the question of sickness does not enter into the definition of the meaning of the word."

Here he is at variance with the Oxford and Webster's Dictionaries: he is also ignoring the origin of the word itself, from two Greek roots; psyche meaning the mind, and iatros meaning the physician and the medicine which he practises. Apart from its historical tradition at Guy's, the Department of Psychiatry (or Psychological Medicine, if that term is less explosively exasperating to Dr. Balean) has brought international prestige, and a stream of visitors from all over the world, students' electives and visiting professors alike to our beloved hospital; as well as providing vigorous and welcome aid to our sister departments of Accident and Emergency, General Medicine, Surgery, Obstetrics and Gynaecology, Orthopaedics, Physical Medicine, Geriatrics and Paediatrics, to mention but a few. It has also built up a reputation as one of the best clinical, research, and teaching units of its kind in the world. It did all this as a primarily clinical department: with the long sought addition of an Academic department it should go from strength to strength.

Perhaps at this point I should declare my own interests in the storm in Dr. Balean's teacup. Until my retirement in 1974 I was for 25 years a member of the Consultants Staff of the Department at Guy's, for 21 of which, I was Senior Physician therein and the Director of the York Clinic. I was also a Consultant to the Institute of Psychiatry of the University of London and an examiner for the M.D. in Psychiatry at London and Cambridge Universities. In the course of my last year in practice I had the honour to become the first Chairman of the Division of Psychiatry in the Guy's Group.

May I conclude on a friendly note, as befits one Guy's man to another? My wife and I have recently survived (although inevitably have been heavily involved in) a singularly unpleasant war in Cyprus, where we had chosen to live in peaceful retirement. Factors contributing to the origins of that war were invincible ignorance and dangerous delusions. From Dr. Balean's abhorrence of the misuse of psychiatry, as exemplified by brainwashing, or the spurious and deliberate misdiagnosis of political dissidents to secure their indefinite detention, an abhorrence which I fully share, I take him to be at heart a decent and kindly man. But invincible ignorance and dangerous delusions about Psychiatry at Guy's abound in his letters.

So, as a parting gift may I suggest some corrective reading—from impeccable sources—in sincere goodwill and as a postscript to this letter?

Yours faithfully,

DAVID STAFFORD-CLARK.

Villa Belinda,
Kantara,
c/o P.O. Box Yeni Iskele,
Via Mersin 10,
Turkey.

P.S. Suggestions for further reading.

Guy's Hospital Reports: 1954, Vol. 103, **4** and 1965, Vol. 114, **3** (these were both special numbers devoted to Psychiatry to commemorate respectively the 10th and 21st Anniversary of the Opening of the York Clinic.)

1972, Vol. 121, **2**. (This contained an article entitled "A special Out-Patient Clinic for impossible patients and hopeless cases"; D.S.-C).

Guy's Hospital Gazette: 1966, August 6th, 388 (Psychiatry and Guy's Hospital; D.S-C) 1966, May 28th, 266 (Re-introducing John Dickson, first Psychiatrist at Guy's; Dr. J. J. Fleminger).

Guy's Hospital Nurses League Journal: 1972. (Psychiatry at Guy's Hospital; D.S-C).

Mr. W. A. Crabbe

SIR,—May I express my appreciation to all my friends and colleagues, in all departments, at both Guy's and New Cross, for their generous gifts and enjoyable leaving party. It really was most kind.

Yours faithfully,

W. A. CRABBE.

Keats' House, Guy's Hospital,
London, SE1 9RT.

Intolerance

SIR,—We write hoping to close the issue (which is rapidly becoming personal and frivolous) on Homosexuality. Recent letters to the *Gazette*, comments heard around Guy's, and indeed graffiti indicate a degree of intolerance which we are surprised to meet in a teaching hospital. It is not a doctor's role to moralise; rather to listen, tolerate and help.

Yours faithfully,

STEPHEN LARGE, STEPHEN KIRKHAM,
RUDOLF BILOUS, ANTHEA LEHMAN.

East Wing,
Guy's Hospital, S.E.1.

Charity Lunches

SIR,—Your readers may be interested to know that the two charity lunches held last term raised £18 for T.E.A.R. fund and £15 for Christian Aid respectively. We should like to thank those who contributed so generously and made the lunches a success.

There will be two lunches on the same lines next term.

Yours faithfully,

S. J. CASWELL.

East Wing,
Guy's Hospital, S.E.1.

Medical U and Non-U: Spot the Diagnosis

SIR,—I heard on Radio 4 News this morning that an astronaut was to have an emergency operation for a SPOT on his lung. Half-an-hour later Radio 3 informed me that it was a LESION.

Yours faithfully,

GENERAL OOZE,

P.P.O. Bag,
Left Outside,
VIC I.

HOSPITAL INFORMATION

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C. M. Martin
A. D. Mayer
J. D. McArthur
Fiona J. Odle
R. G. Palmer
Rosemary L. Parry
J. R. Paterson
Amanda Payne
R. A. B. Perkins
M. W. Reeves
B. A. Ruparelia
J. B. Salmon
A. C. Stewart
J. S. Tapson
Anne G. Thomas
G. G. Trotter
Sharon J. Van de Pette
G. W. G. Vevers
Heather M. J. Volk
A. West
S. E. West
I. R. White
Patricia M. White

UNIVERSITY OF LONDON

Third (B.D.S.) Examination in Dental Surgery

June 1975

Heather M. Baugh
M. H. Danford
J. E. Dyson
T. R. Evans
Laetitia M. Finlay
I. N. Freiberger
G. A. Irvine
D. F. Lindsey
D. P. Mills
D. Mould
G. Moulding
N. R. Munks
L. J. Read
D. B. Robinson
S. H. Sachedina
H. F. Thomas

HIGHER DIPLOMA OF THE SOCIETY OF RADIOGRAPHERS

May 1975

Miss R. Mansi

SCHOOL OF NURSING

State Final Examination—June 1975
List of Successful Candidates

General Register

W. P. Aris
M. E. Barker
R. J. Beckett
N. R. Bryant
G. M. Budd
C. M. Clement
C. M. Crawley
N. J. Dougan
S. A. Duffield
G. D. Floyd
M. I. Ford-Jones
F. D. Good
M. J. Hannah
A. M. Hay
A. C. Ogle
L. E. Owen
N. R. Perry
H. R. A. Quinn
A. M. Roberts
M. C. Rogers
Z. Seares
C. V. Semke
V. Sibotshiwe
J. Thomas
K. L. Tong
B. J. Tristram
M. R. Windebank
L. D. B. Aldridge

J. S. Higgins
A. Ibbitson
R. H. Jones
G. R. G. Kelly
S. C. King
W. E. Lake
S. Lee
F. C. W. Lo
M. A. McAllister
M. A. Magill
M. P. Mobb
B. L. Morgan
J. A. Nicolas
A. A. M. O'Flynn
N. V. Concannon
M. B. Correia De Macdeo
M. A. Dunn
P. C. Lee
S. N. Lim
S. M. Lindsay
T. G. Lourdes
O. Mutambirwa
M. N. L. Nambalil
S. M. R. Rumjannally
K. Teli
H. L. Teoh

Sick Children's Register

G. C. Aldis
M. A. Brennan
M. L. Chan
J. G. Hawkins
L. H. Khoo
C. Lukaniuk

Mental Register

Y. I. D. Callender
L. I. J. Firth
R. Ho
D. G. I. Looi
E. A. Moore
T. M. Volleman
T. R. Wilkinson

HOUSE APPOINTMENTS

GUY'S HOSPITAL
1st September 1975

House Physicians

Dr. Mann, Dr. Scott, Dr. Clark and Dr. Sowton
Mr. L. M. Rabb
3 months
Mr. P. H. Kay
6 months
Mr. S. K. R. Johnson
6 months

Dr. Hardwick, Prof. Trounce, Dr. Cameron, Dr. Ogg and Dr. Grahame
Miss L. F. C. Lowenson
3 months
Mr. D. J. Nutt
6 months

Dr. Houston, Dr. Knight, Dr. Deuchar and Dr. Grimble
Mr. A. J. Nicholls
3 months
Mr. S. C. Callender
3 months
Mr. T. H. Lee
6 months

Prof. Lessof, Dr. Joiner, Dr. Burry and Dr. Dowling
Mr. I. C. Forgacs
3 months
Mr. T. J. Meredith
6 months

House Surgeons

Mr. Blackburn, Mr. Maynard and Mr. Ellis
Mr. K. D. Dawkins
6 months
Miss K. M. Spencer
3 months

Mr. Lawrie, Mr. Beard and Dr. Winter
Mr. N. J. White
3 months
Mrs. J. A. Langdon
6 months

Mr. Glover, Mr. O'Flynn and Mr. McArthur ,
Mr. P. J. Davies
3 months
Mr. C. G. Langdon
6 months

Prof. McColl, Mr. Rendall and Mr. Bewick
Miss A. P. Hemingway
3 months
Mr. M. S. Phillips
6 months

Gynaecological House Surgeons

Mr. D. R. Norfolk
3 months

Mr. K. R. Mao
6 months

Throat and Ear House Surgeons

Miss N. L. K. Fagg
3 months
Mr. I. J. Mackenzie
6 months

Orthopaedic House Surgeons

Mr. C. J. D. Maile
6 months
Mr. S. J. Rose
6 months
Miss Z. F. Zaini
6 months

Genito-Urinary House Surgeons

Miss M. G. Sharman
3 months
Mr. R. C. Parker
6 months

S.H.O. to the Renal and Transplant Unit

Mr. G. H. Neild
3 months
Mr. M. J. Brown
6 months

Children's House Physicians

Miss D. P. Carter
3 months
To be notified
6 months

Casualty Officers

Mr. J. A. Dick
3 months
Mr. C. R. A. Bevis
3 months
Mr. P. E. Lewis
3 months
Mr. J. A. Morgan
6 months
Mr. P. G. Reasbeck
6 months
Mr. B. D. Rix
6 months
Mr. L. D. Ross
6 months

Resident Obstetricians

Mr. G. D. Goodhart
1 month
Mr. J. J. Oram
3 months
To be notified
6 months
commencing 1st October

Neurological House Physician

Miss J. M. Kraaft
6 months

Dermatological House Physician

Mr. R. D. Armstrong
6 months

House Physician in Child Psychiatry

Mr. P. Van Boxel
1 month

House Surgeons to the Thoracic Unit

Mr. J. G. H. Pearson
3 months
Mr. G. H. Mirza
6 months

S.H.O. to the Department of Psychological Medicine

Mr. H. M. D. Gurling
1 month
Mr. J. Strang
1 month
Mr. T. Barnes
1 month

Resident Anaesthetists

Miss A. M. Torrance
3 months
Mr. W. H. Konarzewski
6 months
Mr. N. K. Digby
6 months
Mr. A. R. Marsland
6 months

S.H.O. to Nuffield House

Mr. L. Settas
3 months
Mr. W. J. F. Fitzpatrick
6 months

Children's House Physicians at the Evelina Hospital

Mr. P. Ranger
from 1.4.75 to 31.7.75
Mr. D. M. Gillman
from 1.6.75 to 30.9.75
Mrs. F. W. Light
from 1.8.75 to 31.1.76

Casualty Officers at the Evelina Hospital—Part-Time

Mrs. M. Victor-Beza
Mrs. P. M. Rogers

ST. OLAVE'S HOSPITAL

House Physicians	Miss M. J. Wade *3 months* Mr. S. J. N. Daniell *6 months*
House Surgeons	Mr. M. Momen *3 months* Mr. R. H. K. Marsh *6 months*
Gynaecological House Surgeon	To be notified *6 months*
S.H.O. in Psychiatry	Mr. J. Booth *1 month*

NEW CROSS HOSPITAL

House Physicians in General Medicine with Geriatrics and Rheumatology	Miss J. P. Wheate *3 months* Mr. B. S. Avery *3 months* Mr. J. Wynne-Jones *6 months* Mr. J. C. E. Jones *6 months*
Orthopaedic House Surgeons	See under Guy's
S.H.O. to the Rehabilitation Unit	Mr. P. K. Tambar *6 months*

BECKENHAM HOSPITAL

House Physician	Vacant *6 months*
House Surgeon	Vacant *6 months*

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Hartley and Dr. Thomson	Mr. W. N. Trethowan *3 months* Mrs. P. A. Armstrong *6 months*
House Physician to Dr. Mallinson and Dr. Blower for 3 months and Dr. Eliot, Dr. Colver and Dept. Chest Medicine for 3 months	Mr. J. B. Williamson *6 months* Mrs. H. Wright *6 months*
House Surgeons to Mr. Williams, Mr. Park for 3 months and 3 months with Mr. Stoker and Mr. Candy	Mr. H. W. Jones *3 months* Mr. T. J. Goulder *3 months* Mr. A. C. Chu *6 months* Vacant *6 months*
House Physician to Dr. Mallinson	Mr. J. E. M. Fox *3 months*
House Surgeon to Mr. O'Flynn, Mr. Wilson and Mrs. Wengraf	Miss E. Ryman *3 months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases	Mr. R. J. B. Bowering *3 months* Mr. P. J. Adams *6 months*

LEWISHAM HOSPITAL

House Physician to Dr. Price	Mr. H.D.T. O'Donnell *3 months*
House Physician to Dr. Stott	Mr. S. A. Green *3 months*
House Physician to Dr. Llewellyn-Smith	Miss J. M. Metcalfe *6 months*
House Surgeon to Mr. Lynn Evans	Mr. A. J. Cook *3 months*
House Surgeon to Mr. Ivo Smith	Miss A. E. Warren *3 months*
House Surgeon to Mr. Le Brun	Vacant *6 months*
House Surgeon to Mr. Monty	Mrs. N. J. Cohen *3 months*
House Surgeon to Mr. Cavendish	Mr. R. F. Massey *6 months*

ORPINGTON HOSPITAL

House Surgeon to Mr. Wilding and Mr. Lam	Mr. J. W. Upward *3 months* Mr. R. P. Fitton *3 months*
House Surgeon to Mr. Walker-Brash and Mr. Ratnesar	Miss L. A. Ball *3 months*
House Surgeon to Mr. Boxall and Miss Austin	Miss L. A. Tyson *3 months*
House Surgeon to Mr. Walker-Brash, Mr. Glasspool and Dermatology	Mr. G. E. A. Sparrow *6 months*
House Physician to Dr. Southwell and Dr. Williams	Mr. G. R. Barker *6 months*

PEMBURY HOSPITAL

House Surgeons	Miss J.H. Hawksworth *3 months* Mr. R. N. F. Spence *6 months*
House Physicians	Mr. C. C. de V. Crawshaw *3 months* Miss M. J. Watson *3 months* Mr. P. T. Townsend *6 months*

ST. HELEN'S HOSPITAL—HASTINGS

House Physicians	Mr. R. D. A. Coxon *3 months* Mr. P. M. Duckworth *6 months*

ST. NICHOLAS HOSPITAL—PLUMSTEAD

House Physician to Dr. Scott	Mr. P. H. Rowlandson *3 months*

GUY'S HOSPITAL MEDICAL SCHOOL

Junior Staff Appointments—1975/76

Applications are invited for the following appointment to the Junior Staff of the Medical School, for the session 1975/76, commencing 1st October, 1975. Forms of application are available from, and should be returned to the Dean, **not later than 13th September, 1975.**

Anatomy Junior Lecturer (part-time) 1

Student Health Assistant to the Director (part-time) Joint Appointment 1

CLERICAL ASSISTANT required for Charity. Hours : 9 a.m.—5 p.m. Monday to Friday. Must be good typist, also entails some figure work and filing, etc. Hard worker only considered. Commencing salary £32 (plus) p.w. for right applicant. Good prospects for ambitious person. Please phone: The Secretary, The Friends of Guy's Hospital. 01-407 7600 extn. 2024.

ENGAGEMENT

The engagement is announced between Peter Hilton, B.Sc., and Elizabeth Kear, S.R.N.

CHANGES OF ADDRESS

Mrs. Pamela Anderson, 365 Carrington Street, Adelaide, S.A. 5000.

Michael and Nina Appleby, "Little Croft", 151 Chartridge Lane, Chesham, Bucks, HP5 2SE. Tel. Chesham 6407.

Mary S. Benson, Vinecroft, The Common, Shotesham All Saints, Norwich, Norfolk, NR15 1YG.

Mr. William Bunting, F.R.C.S., Beauchamp Cottage, Hatch Beauchamp, Taunton, Somerset. Tel. Hatch Beauchamp 253.

Mr. and Mrs. W. A. Crabbe, c/o The King Faisal Specialist Hospital and Research Centre, P.O. Box 3354, Riyadh, Kingdom of Saudi Arabia.

Miss K. J. Davies, 32 Darren View, Crickhowell, Powys, NP8 1DS.

Lt.-Col. L. S. Kessel, F.D.S., R.C.S., R.A.D.C., Dental Dept., British Military Hospital, Hong-Kong, B.F.P.O.1.

PERSONAL

OXFORD. Facilities for a Dental Surgery. Residential area. Near city centre. Further details: Miss Smith, 85 Banbury Road, Oxford. Tel. Oxford 57351.

PAPERS BY GUY'S MEN

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NOTICE

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date. Publication dates for the next three months are: 27th September, 25th October and 29th November.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

***When subscribers notify the "Gazette" of Change of Address, please indicate* whether or not this should be published.**

Personal notice 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

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MONTHLY 27 SEPTEMBER 1975 VOLUME 89 NUMBER 2250

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

NEW LAMPS FOR OLD

6th October, 1975, must be regarded as another milestone in the history of our Hospital, for this is the day when the New Clinical Curriculum begins presenting a challenge to both staff and students. The first group of students to have completed the new six-term Basic Medical Science course are now ready to begin their clinical training and, as outlined in the May Edition of the *Gazette*, will start with a two month appointment in either Medicine or Surgery. "Old" students, who are already at various stages along the clinical training pathway, will switch into a modified new curriculum. Many hours have gone into the planning of the cross-over, so as to ensure that all "old" appointments are covered in some form, without too much upsetting of the new programme. Since the two systems cannot run side by side, a great deal of flexibility will be required and it is realised that many students will not wish to repeat appointments already completed. On the staff side there is the problem of reorganisation of the firms. The present consultant groupings date from 1964 and naturally it will take some time for everyone to get used to the new firms; with all the inherent problems of preparing new time-tables for teaching, ward rounds, out-patients and theatre lists. A further problem concerns the staffing of the firms, the recent appointment of Housemen refer to the old groupings while the Registrars appointed from 1st October refer to the new firms. The next few weeks will be a very interesting time and it is hoped that everyone will enter into it with the usual Guy's spirit.

NEWS IN BRIEF

Welcome to Guy's

Monday, 29th September, is the beginning of the Winter Term. We take this opportunity of extending our sincerest greetings of welcome and good wishes for an enjoyable stay at Guy's to all Freshers. The October edition of the *Gazette* will be your very own Special Edition.

The Greenwood Theatre

The Greenwood Theatre was officially opened by H.R.H. Princess Alexandra on 2nd September at a Royal Gala Matinee in aid of the Entertainment Artistes' Benevolent Fund. Princess Alexandra wore a vermillion red coat-frock spotted in white with a white turban hat.

Guy's was given the honour of presenting the first number which included songs from past Christmas shows, ably rendered by Drs. Malcolm Tuddenham, Denis Yetman and Peter Drury. One number which was especially enjoyable was about consultants whose faces were to be seen elsewhere, such as "checking tickets at Charing Cross".

The Princess appeared to especially enjoy Kwa Zulu, an exciting African dance group, and Freddie Sales. Other artistes appearing were the comedians Freddie Davies and Roy Hudd, Frankie Vaughan, the Guys and Dolls dance sextet, Lyn Paul, Mike Redway, Triple Echo and Winston.

Unfortunately, misuse of the microphones and an over-powering amplifier system, both of which would horrify any ENT Department, spoilt the general effect of what otherwise was a most entertaining afternoon.

Future productions with a Guy's flavour at the Greenwood Theatre include:

5th October—Students' Union Concert: Mike Heron's Reputation + Heartbreakers.

12th October—Chamber Music Society: works by Arne, Brahms, Chabrier, Dvorak, Faure, Finzi, Mendelssohn, Wolf and Schubert's "Shepherd on the Rock".

15th - 17th October—Theatre Club double bill: "The Proposal" by Anton Chekov; "After Magritte" by Tom Stoppard.
The box office telephone number is 01-403 0592.

Radiography Column

We regret that there is no article from the Radiography Department this month. We understand that we will receive a bumper crop next month.

Rush-Hour Train Crash

Sixty-two people were injured when a crowded passenger train crashed into an empty train at a rail junction in South Bermondsey on 11th September. The injured passengers were taken to Casualty and eight were detained, being mainly orthopaedic cases. The Major Accident Plan went extremely well and all those involved in its smooth operation are to be congratulated. Various minor problems concerning the execution of the Plan have come to light, such as the time taken to document the casualties and co-ordination with the police with regards informing relatives, and bottle-necks developing due to the small size of X-ray and Reception. These problems will be discussed at a meeting on the improvements that can be made following the incident and a full report will be made in a later issue of the *Gazette*.

Simon Jefferies

We would like to extend our congratulations to Simon Jefferies, who coxed the Great Britain VIII in the World Championships held at Nottingham at the end of August. Great Britain finished 9th. Further successes this year include winning the Prince Philip Cup (Coxed IVs) and Ladies' Plate (VIIIs) at Henley; the latter being won in a new record time.

E.C.G. Services

It is hoped that in future as many ECG recordings as possible will be done on the wards. Routine ECG requests sent to the Cardiac Department before 9.30 a.m. will be dealt with that day and the normal service continues until 5.00 p.m. The ECG tracings will be mounted and filed in the notes. This improvement in service is welcomed. However, some thought must be given to the emergency situation at night, since the only machines available for all wards are kept on Starling. Although there are portable machines in Casualty, these are not allowed to be moved to the Surgical wards.

New Uniforms

Maida Bloomer, our expert on the haute couture scene, informs us that the Porters are shortly to be issued with new uniforms. The Gate Porters will don a dark green uniform, with Ambulance Officer-type jackets. White shirt, green tie and a green and white-top cap with the Guy's crest as a cap badge complete the ensemble. In warm weather they will sport the Guy's crest on their shirt epaulets. General Porters will wear a similar uniform in blue. *(who's he?—Sports Ed.)*

Broadcast from the Chapel

There will be a live broadcast from the Hospital Chapel on Radio 4 at 10.30 a.m. on Sunday, 19th October, 1975. Those wishing to attend should be in their places by 10.15 a.m. There will be refreshments after the service. All are welcome.

CLUBS' UNION NEWS

High Living

With living on the 15th floor of Wolfson House and working on the 26th floor of the Tower Block, I keep hoping that I don't begin to suffer from vertigo. My semi-circular canals must hold out.

After a week in Wolfson the general consensus of opinion seems very favourable and once everyone gets to know their neighbours, Wolfson should be a great contribution to forming some type of campus life within Guy's.

Students' Bar

The Bar Committee have decided to open the Students' Bar on Sundays from 7 p.m. - 10 p.m. as an experiment provided bar staff are forthcoming.

Freshers' Week

The arrangements for *Freshers' Week* should be finalised by the time you read this and publicity should be fully circulated around the Hospital. It is hoped this year the week will be better than ever before. May I remind you that on Sunday, 5th October, we are organising a concert in the Greenwood Theatre. The main group is *Mike Heron's Reputation.* Mike Heron produced the Incredible String Band's music in the past, and his new group are packing them in all over London. A group of students went to see them at the London Marquet in Wardour Street and were very impressed by the whole show. The instrumentals were particularly superb. Support band is *Heartbreakers.* Pernod will be promoting their drink in the bar. Tickets are 80p for students and £1 for others. If this concert is a success we will make student concerts a regular event. Tickets are obtainable from Pete Watkinson, Tim Palmer, Tim Miller and Roger Davies, and also from the box office in the Greenwood Theatre.

Don't forget about the Barbeque at Honor Oak Park on Wednesday, 1st October, at 6 p.m. followed by a disco and also the other events on every night of *Freshers' Week.* If clubs have not been notified or have not found their notification, they must send a representative to the Freshers' tea party at 5.30 p.m. on Monday, 29th September, just to say a few words and provide information about their club.

Medical Students' Conference

On the weekend of 20th - 21st September, the various medical student bodies around the country are having a non-NUS conference in Manchester. Hopefully, a national body of medical students will be formed. We are sending three representatives, and the outcome of this conference will be given in the next Edition of the *Gazette.*

Snowflake Ball

The arrangements for the *Snowflake Ball* are under way. We have already booked Bob Kerr's Woopee Band by popular demand along with Bronx, the group who made such a great impression at last year's Snowflake. The Ball is to be held on Friday, 5th December. We need volunteers to help with catering, decorations, electricals and a host of other things. If you are willing to offer your services, please contact P. Watkinson, T. Palmer, T. Miller or C. Cavanagh in the East Wing.

Orchard-Lisle Swimming Pool

The Orchard-Lisle Swimming Pool is situated between the Greenwood Theatre and Wolfson House and will be opened at the beginning of October. The pool is 25 metres in length and has 4 lanes with a 1 meter diving board and there are associated changing rooms. The Swimming Club will present a gala opening on 8th October with "It's a knockout", 3 teams with 16 players each are expected to take part. Also there will be a Water Polo match between the Students and the Staff. Further details can be obtained from G. Abrahmsohn, East Wing.

P. Watkinson.

NOTICE

Lectures

The first lecture of the New Clinical Curriculum will begin on Monday, 6th October, at 4.15 p.m. in the Anatomy Theatre. The Topic Session for October is Neurology and the first lecture is on Epilepsy.

"Old" students, who started their clinical training prior to this October, will be relieved to hear that the Department of Pathology will continue their course of systemic lectures during 1975/76. The one-year integrated course in systemic pathology begins on Wednesday, 1st October. Lectures in Chemical Pathology, Microbiology and Haematology will be on Wednesdays at 9.00 a.m. The first lecture is entitled "Urinary Tract Infections" and is given by Dr. Jeanes. The 12.00 Wednesday lectures will deal with Histopathology and the subject of the first lecture to be given by Dr. Turner is "Pyelonephritis and obstructive renal disease".

Although Clinical Pharmacology lectures will be incorporated into the new Topic Session lectures, the Department is prepared to provide a series of lectures for "old" students. Please send a list of topics required to The News Editor, *Guy's Hospital Gazette*, so that a questionnaire may be prepared.

THAMESMEAD OPEN DAY

On Bank Holiday, Monday, 25th August, as part of the Town Show at Thamesmead, the Lakeside Health Centre held an Open Day.

The following statistics were made available to the public. The Health Centre serves a total population of 10,500 people of whom 84% are registered with the doctors. Of these, 38% are children under 15 years of age. Only 5% of the inhabitants live in private dwellings. In an average week 740 people are seen by the doctor at the Centre; 88 are seen at home and 150 come to the mother and children clinics (antenatal, child health and family planning). 80 people are seen by the practice nurse. On an average working day 350-450 people come to the Centre.

The Dentistry Section of the Centre was opened in 1972. The total staff consists of 13, four being full-time dentists. There are six sessions of Conservative Dentistry, three sessions of Preventive Dentistry and one session of Dental Health, etc. The dental hygienist runs eight sessions of Preventive Dentistry for adults and two for children. In an average week 280 people are treated by the dentists.

For the Open Day the Centre was arranged to show the various activities of the Centre and para-medical associations. There were two dentists and one doctor "on duty" to answer questions. The groups represented at the Centre were the Greenwich and Bexley Community Health Councils, Samaritans, CHE, and St. John's Ambulance 352 T Division who were all available for advice and information. There were also several displays on such subjects as Medical Teaching, Patients' Rights in the Dental NHS, The Health Service and Dentistry as a career. These displays ranged from posters to illustrated booklets and leaflets.

Unfortunately not enough publicity was given to the Centre and so the general public did not appear to be interested in coming into the Centre to look around. It was suggested that a doctor went amongst the public wheeling a patient to attract people, so an enterprising female dentist took a stethoscope by the horns and set off with a "patient", suitably prepared by the St. John's Ambulance crew, in search of likely visitors, since the disco outside the Centre did not have the desired effect of attracting many people.

Perhaps the good weather together with Mighty Mick McManus (the wrestler) who opened the Show and all the fun of the fair were better light hearted attractions than being reminded of more serious things.

B.P.T.

NOTICE

Guy's Hospital Dental Ball will be held this year on Saturday, 11th October, at 7.00 for 7.30 p.m. at the Cunard International Hotel, Hammersmith. Double tickets, price £8.75, may be obtained from Miss Anne Skipper, Ball Secretary, East Wing.

GUY'S HOSPITAL

Dental Ball

SATURDAY, 11th OCTOBER, 1975

7 p.m. for 7.30 p.m.

Queen Mary Suite

Cunard International Hotel

ONE SHORTLANDS, LONDON, W.6

★ ★ ★

Double Tickets £8.75

★ ★ ★

Tickets obtainable from:

MISS A. SKIPPER, Ball Secretary, East Wing

OBITUARIES

Dr. DAVID MICHAEL FREDERICK CARTER

David Carter died suddenly at the age of 59 on 21st August whilst on holiday in France. He entered Guy's as a second year student in 1934 and obtained the primary F.R.C.S. immediately after passing the second M.B. He was undoubtedly one of the outstanding students of his year and seemed destined for a successful career in surgery. At the outbreak of war, however, he left Guy's to join the Navy and saw service on North Atlantic convoys. Before leaving the hospital he married Alice McNally, a Guy's nurse.

He was invalided from the Navy in 1944 after a major operation and entered general practice at Stratton on the Fosse, where he became Medical Officer to his old school, Downside, and to the Monastery. His thirst for new knowledge remained unabated and, while working as a general practitioner, he studied for the bar and became a barrister in 1961 although he did not practise as such.

David's wisdom, kindness and devotion to his patients, combined with a terrific sense of humour brought him many friends. This was made very clear at his funeral at Downside Abbey, where he was paid the unique distinction of being buried in the Monks' cemetery.

His deeply religious beliefs helped to make him the outstanding man he was. He will be deeply missed by all who knew him and our sympathy goes out to Alice, his six sons and two daughters in their time of sorrow.

F. R. Buckler.

Dr. F. G. BOOKER, M.B., B.Ch.

Frederick George Booker died after a short illness on 26th July last. He was born on 2nd November, 1903, the son of Charles William Booker, also Guy's, who had just started in practice in Witley, Surrey.

Educated at Charterhouse and Pembroke College, Cambridge, Freddie Booker went to Guy's in 1925, qualified L.R.C.P., M.R.C.S. in 1928 and completed the Final M.B., B.Ch. Cambridge in 1930. After qualification he held Clinical Assistant and then House Surgeon appointments at the Hospital until 1929 when he became Resident Obstetrician to Mr. McNair and Mr. Cosh until 1930.

He was a keen tennis player and played for the Hospital.

He became assistant and then partner to his father in Witley in 1930 and carried on the practice after his father's retirement, until his own retirement in 1963. There was thus a Dr. Booker in Witley for an uninterrupted period of sixty years.

He was keenly interested in the B.R.C.S. and gave a great many lectures and courses of instruction locally and in Guildford.

He leaves a widow, one son and one daughter.

THE ROLE OF RADIOTHERAPY AND SURGERY IN RENAL CARCINOMA

by K. Muntarbhorn

Introduction

The word "radiotherapy" is often mentioned in connection with many tumours as a possible method of treatment. There is no doubt that it provides us with an alternative that one should consider. Nevertheless it is necessary to be aware of its effectiveness in regard to certain tumours.

In adults, renal carcinoma (adenocarcinoma; hypernephroma; Grawitz tumour) is by far the commonest neoplasm of the kidney (75%); it has many characteristics pathologically and has several routes of spread, most of which are well known. Yet one still has to be concerned about the prognosis of this condition. There is no doubt that the basic treatment is surgery. But how effective is surgery if used alone? In Figures 3 and 4, the five years survival rate ranges from 28% to 61% in patients who have had surgical treatment alone. 28% may be strikingly low by many standards considering the many advances in surgery—Ringleb & Rommel (1963)[14] and indeed, Bratherton (1964)[2] have both published five years survival rates (5YS) of 29%. As for other survival rates, the three year rates are 48% (Priestley 1939)[11] and 56% (Mostofi 1963)[8]: and these two produced ten-year survival rates of 27% and 22% respectively. From these facts, it is clear that the treatment of renal carcinoma by surgery alone is perhaps not completely satisfactory and there should be some other form of therapy as well.

Radiotherapy was certainly a field which had to be explored and this was started by Waters (1935)[17]: it was not until Riches published a favourable series for patients who had had surgery + postoperative radiotherapy (5YS of 49% against 30% for surgery alone) in 1951 that enthusiasm emerged for postoperative radiotherapy as adjuvant therapy. From present knowledge, radiotherapy may be of use in the treatment of renal carcinoma as adjuvant therapy but not as a replacement for surgery: the reasons being that the dose required would exceed the tolerance of the surrounding tissue (this may well cause unwanted results in vulnerable tissue like small bowel, stomach and spinal cord), and that radiotherapy has not been shown to be superior to surgery when used in isolation.

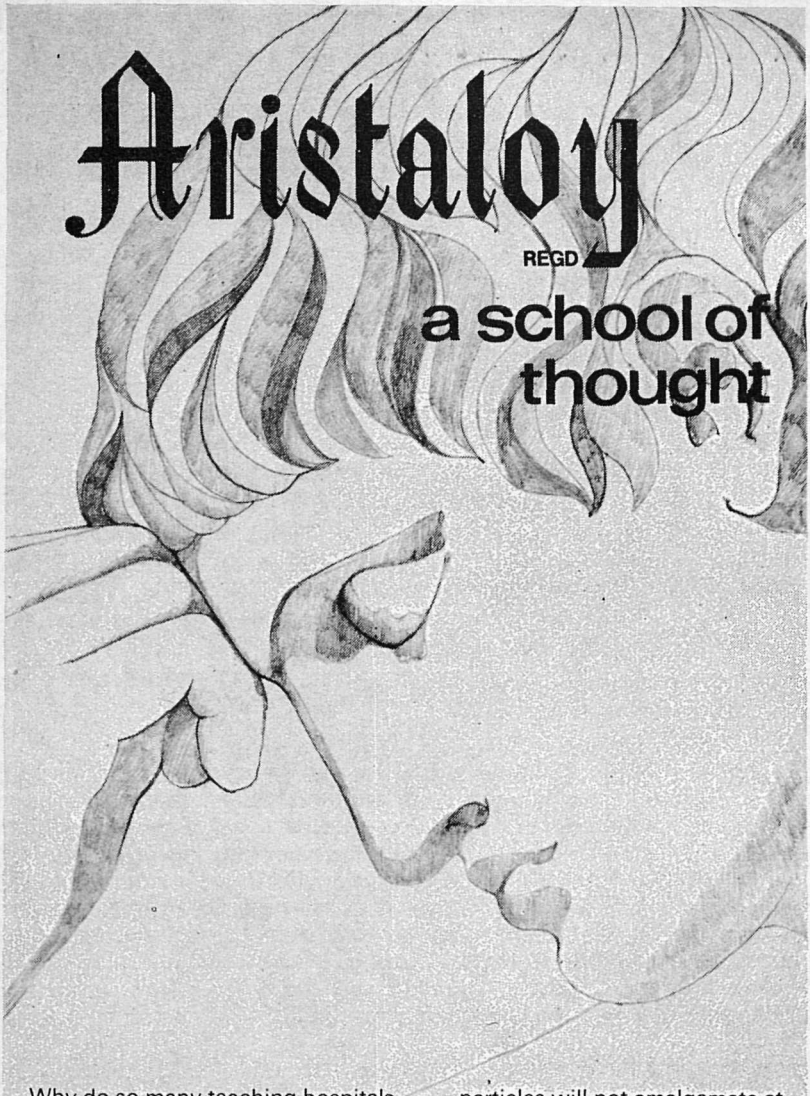
Renal carcinoma is regarded as being a highly radio-resistant tumour—this is related to the radiosensitivity of cell origin; in renal adenocarcinoma this would depend on the radiosensitivity of the simple epithelium of the renal tubule and glomerular capsule, the cells of which are long-lived reverting postmitotic cells and are relatively radio-resistant. Even so, it is conceivable that radiotherapy

may shrink the size of the tumour so that the subsequent surgery is likely to be made more easy if not more effective; this implies that there may be a place for preoperative radiotherapy? Also, after surgery, the removal of the tumour might have been incomplete, e.g. microscopic lymphatic spread or even minor local spread; therefore can one not use radiotherapy to be on the safe side? It is hoped that this article will answer some of the questions to some degree.

Preoperative Irradiation

In 1964, Windeyer and Riches made strong recommendations to the effect that in selected cases preoperative irradiation may have beneficial effects upon successful surgical removal of renal carcinoma and perhaps on the survival as well. The aim for the use of preoperative radiotherapy is to reduce the size of the tumour so as to facilitate surgery, to retard or prevent mitosis, to destroy the spread whether it be local or metastases particularly if to the regional lymph nodes. The idea of irradiation prior to surgery is a worthy one in view of the data that many animal experiments have demonstrated (Powers and Palmer 1968)[10]. In these studies, irradiation decreases the likelihood of the tumour becoming established and spread after local implantation, or to develop metastases after intravenous injection of potential tumour cells. Even so, one cannot translate these results with reference to Man since the contrasting factors are endless: size, species, dose/kg, tolerance, defence mechanisms against tumours, etc. The most significant of all is the fact that such experiments cannot be carried out with ease in Man!

Before any irradiation can take place, the diagnosis of renal carcinoma has to be made and the patient can then be selected. Unfortunately, this is not easy clinically and a firm diagnosis without investigations is virtually impossible. The following investigations are useful and some are absolutely essential—intravenous pyelography, skeletal roentgenographic survey, laboratory tests, e.g. FBC, ESR, Globulins, Alkaline phosphatase, Prothrombin and Bromsulphalein retention test, Urea; others which may be done if economically or practically possible are angiography to the suspected kidney, the opposite kidney and liver, whole lung tomography, radioisotope bone scanning, and ultrasound scan of kidneys. Clinical findings cannot be ignored in any possible case. The diagnosis must be confirmed at a later stage (after nephrectomy) by histological and pathological means. As for the irradiation used, the dose and the period of treatment varies, 4500 rads in five weeks (Vaeth 1973)[16], and 3000 rads to the involved kidney and regional lymph nodes with 200 rads daily fractions over a period of three weeks (Werf-Messing 1973)[18]. Surgery is often performed four to six weeks post-irradiation and can be as long as twelve weeks: however Werf-Messing's patients underwent surgery as soon as the course of irradiation had ended. In theory, the longer the interval between irradiation and surgery, the longer the period which allows normal tissue to recover from the effect of irradiation and the greater the likelihood of tumour regression or sterilization. The shorter the interval, the greater the chance of operative delay and impaired wound healing.



Why do so many teaching hospitals use Aristaloy? Because instruction is difficult enough without introducing unnecessary variables. One cannot criticize a student's carving when the alloy has the appearance of crumbly cheese. One cannot assess his ability to produce a correct mix when the particles will not amalgamate at a uniform rate.

If a student is to be right, the alloy has to be scientifically *right – from the first to the last* particle.

This has made Aristaloy a school of thought in almost every teaching hospital.

ENGELHARD

St. Nicholas House, St. Nicholas Road, Sutton, Surrey. Telephone: 01–643 8080

In the series by Werf-Messing, the nephrectomy specimens were staged according to the P-category:

P1—Tumour infiltrating only the parenchyma of the kidney.

P2—Tumours extending beyong the kidney but not infiltrating intrarenal or extrarenal veins and/or lymphatic vessels.

P3—Tumours infiltrating intrarenal or extrarenal veins and/or lymphatic vessels.

FIGURE 1 : *Five year survival rates (5YS) in* %. (Number of cases in brackets).

	Surgery only	*Preoperative irradiation + surgery*
P1	83% (21)	85% (22)
P2	60% (10)	60% (12)
P3	29% (22)	28% (30)

From these results, it is evident that in each P-category the five year survival rate is not appreciably improved by preoperative radiotherapy.

FIGURE 2 : *Incomplete removal in P2 and P3.*

	Surgery	*Preoperative radiation + surgery*
P2	10% (2/19)	0% (0/12)
P3	50% (11/22)	27% (8/30)

This shows that in the incidence of incomplete removal in P2 and P3, P3 is higher in the case without preoperative irradiation. So preoperative irradiation can be said to reduce the risk of residual tumour in the field of the operation. With the numbers involved, one still has to reserve some judgement about the effectiveness of preoperative irradiation. As for the incidence of metastases, no significant differences were found between the "surgery only" group and the "preoperative irradiation + surgery" group. Many trials are being carried out notably in Rotterdam, London and the U.S.A.: it is hoped that these will give us more conclusive results.

Postoperative Irradiation

Since 1951, many papers have been published on this subject. The use of radiotherapy as an adjuvant therapy is justified on the rationale that irradiation will decrease the number of local recurrences and/or will increase the chances of curability of the treated patient and/or will retard the deterioration in the patient with metastases, in whose case surgery is insufficient for the task. Many people are questioning the value of postoperative radiotherapy, since various groups of researchers have produced different and at times contrasting results, and also bearing in mind the variation in styles, depths, methods, techniques and numbers, I am going to attempt to analyse the results in as simple a way as suitable. The comparison

is based purely on the five-year survival figures in patients who have been treated by nephrectomy (S), or by Nephrectomy and post-operative radiotherapy (S + R).

The irradiation was aimed at the involved kidney and sometimes included the lymph nodes involved. The doses used were between 3000 and 5500 rads in three to six weeks, depending on the group of workers. Megavoltage technique was used after adequate post-surgical recovery. In general, irradiation therapy should not begin until two weeks post-nephrectomy and should include the renal bed and regional lymphatic drainage area since the incidence of local spread and lymph node metastases is considerable. Therefore, in left renal tumours the volume is slightly lateral to midline; whereas in the right renal tumours the volume is across the midline. The ureter is included in the volume of irradiation only if it was found to be involved. The maximum dosage recommended is 5500 in six weeks—a higher dose may cause injury to the small bowel because of low tolerance.

FIGURES 3 AND 4

Five year survival rates for patients with renal cell carcinoma treated by nephrectomy alone (S), or by nephrectomy and postoperative radiotherapy (S + R).

FIGURE 3

Author	*Five year survival %* (cases used in brackets) *S*		*S + R*
Riches et al (1951)	30 (345)		49 (53)
Charteris (1951)	28 (29)		36 (14)
Flockes & Kadesby (1958)	48 (56)		52 (40)
Ringleb & Rommel (1963)	29 (44)		55 (45)
Bratherton (1964)	29 (35)		43 (21)
Flocks (1968)	39	(total 287)	44
Rafla (1970)	37 (94)		56 (81)

FIGURE 4

Arner et al (1966)	61 (127)		53 (20)
Peeling et al (1969)	52 (96)		25 (68)
Cox et al (1970)	45 (58)		32 (28)
Skinner et al (1971)	57 (190)		50 (18)
Finney (1973)	47 (48)		36 (52)

At a quick glance, one can see that Figure 3 shows that a better five year survival rate was found in those who had undergone surgery plus postoperative radiotherapy than simply surgery alone. Whereas Figure 4 indicates the opposite trend in favour of surgery alone.

In Figure 3, the five year survival due to surgery alone ranged between 28 and 48%; whereas that of surgery + radiotherapy was between 36 and 56%. One message is clear in that the range is quite

wide. In Figure 3 there was an improvement of only 3% (Flocks and Kadesky 1958)[6] in favour of combination therapy and yet some of the figures were as much at 19% (Rafla 1970)[12] and even as high as 26% (Ringleb and Rommel 1963)[14]. These numbers can only highlight the inconsistencies of the results.

Figure 4 indicates an opposite trend, which was initiated by Arner et al 1966[1]. Surgery resulted in five year survival rates of 61% therefore 8% better than that produced by the combination therapy (53%). As for the numbers used, one hundred and twenty-seven patients had surgical treatment but only twenty patients had combination treatment.

So on sheer numbers alone, it would not be too rash to scrutinize the 53%, since the number of patients used were considerably less than those in surgery alone. In the paper by Peeling et al 1969[9], the difference was even more pronounced. Surgery this time resulted in the five year survival rate of 52% compared with 25% survival after combination therapy. A difference of 27% cannot be easily dismissed! Minor differences were in favour of surgery alone Cox et al 1970[4]—13%, Skinner et al 1971[15]—7% and Finney 1973[5]—11%. Again one can argue that the works of Cox and Skinner are not so reliable because the number of patients used in S + R were too small in comparison with the number used in surgery alone and therefore the figures of five year survival rate were not accurate enough to be compared. This is to some extent true if one bases one's judgement on the concept that the greater the number, the greater the likelihood of accurate results rather than relying to some extent on chance. This may well explain why the range of five year survival rates in surgery was between 45% and 61% whereas the combination therapy group had a range from 25% to 53%. From all this, one can say that the number of patients in Figure 4 in the combination therapy of surgery and post-operative radiotherapy is insufficient to advocate that surgery alone is by far the better treatment. Figure 3 certainly provides enough figures for the pre-surgery and radiotherapy. But the wide range of results emphasizes the lack of concrete evidence to completely oppose those of Figure 4.

FIGURE 5 : *Renal carcinoma (London Hospital)* Peeling et al (1969)[9]

	Five year survival %	
Group	*S*	*S + R*
Local tumour spread (renal vein and/or extrarenal tissue)	38 (37)	13 (40)
Extra-renal spread only	52 (15)	0 (18)
Renal vein only involved	42 (14)	34 (7)
Low grade tumour	61 (35)	28 (27)
High grade tumour	54 (24)	9 (23)
All cases	52 (96)	25 (68)

FIGURE 6 : *Renal carcinoma (Manitoba Cancer Foundation)* Rafla et al (1970)[12].

Group	*Five year survival %* S	S + R
Capsule involved	28 (52)	59 (57)
Renal vein involved	30 (36)	40 (35)
Renal pelvis involved	32 (49)	60 (50)
Renal pelvis and capsular tissue involved	33 (21)	85 (25)
All cases	37 (94)	56 (81)

In Figures 5 and 6 there is a breakdown of the five year survival results according to the staging or group. The works by Peeling and Rafla indicate opposite trends and yet they both have a common ground . . . the realization of the importance of staging. In Figure 5 none of the eighteen patients with extra-renal spread only survived five years after S + R: but 34%—seven cases—renal vein only involved did survive five years and so did 13% of the patients with local tumour spread. The survival rates of all cases did not present the true picture but rather an overall one, since they did not take into account the difference obtained in the results with staging. With histological grading, Peeling showed that the S only group had better five year survival by 33% in Low grade tumour and 45% in the High grade tumour.

Rafla's results in Figure 6 demonstrated that 5YS in S + R bettered the S by 31%—Capsule involved but only 10%—Renal vein involved. In the Renal pelvis involved group with radiotherapy (S + R), 5YS was 60% compared with 32% in S alone group. It is sufficient to see the importance of staging-uniform system so as to compare the merits of different treatment.

So without doubt, these tables have shown that there is a great need for a common standard in :

(a) Selection of patients.

(b) Grading of patients . . . clinically, pathologically and histologically and, hopefully, the pooling of results for total analysis.

Until then, one has to wait for reliable sources who will use common criteria and provide us with results on standardized grounds, with sufficient numbers in order to confirm or disprove the role of radiotherapy as adjuvant therapy.

Conclusion

There is still no concrete evidence that the use of radiotherapy together with surgery, whether preoperatively or postoperatively, improves the prognosis of patients with renal carcinoma compared with surgery alone: even though preoperative radiotherapy may prove to be of greater significance in the future. Therefore, no patient should be encouraged to undergo radiotherapy unless he or she is

either a willing subject in a trial, or simply too advanced for surgery alone. Surgical treatment is the more readily available and may well be adequate provided that the diagnosis is made early. The five year survival rate in renal carcinoma is somewhere near 42% (41.8% for 2813 "surgery alone" patients and 41.5% for 1212 "surgery + radiotherapy" patients), which leaves us with some hope concerning this fascinating condition.

Acknowledgements

My thanks to Mr. W. P. Peeling for his interest and encouragement and Miss H. Payne for the typing.

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NURSING

APATHY AMONGST NURSES

As is customary, once every five years, the General Nursing Council hold an election for the purpose of appointing the members of the Council. Every nurse, on becoming registered, is eligible to vote in these elections or, indeed, to stand as a candidate, since unlike the Royal College of Nursing, one does not have to maintain an annual subscription.

The election being now over, and the Council decided, comments have been made about the size of the poll, and how the profession voted.

One of the most disturbing comments has been about the apathy of the profession as a whole. It seems that many give no information about changes of address, and even when ballot papers do arrive at the correct destination, there are many who decline to complete them, or, worse still, do so improperly, even covering them with abusive comments.

To be told that nurses are apathetic comes as no surprise to those who have at any time tempted their colleagues into any sort of action. However, to be told that many are incapable of completing a ballot paper correctly, strikes despair in the hearts of those who like to consider nurses as a professional body. Furthermore, unintelligent behaviour such as this, merely serves to confirm any opinion to the contrary.

Apathy has, of course, always been a problem amongst nurses. They complain incessantly amongst themselves, but their ability to become sufficiently organised to attempt any co-ordinated policy appears to be beyond the capabilities of most. Even in this supposedly enlightened age, there still seems to be a fear of expressing an opinion, in case some type of disciplinary action is taken. In addition, many appear unable to sustain an argument in defence of their opinions.

Nurse training, by tradition, has taught the students to adopt an unquestioning attitude, and those who do not conform to this are immediately labelled as troublemakers. Therefore, it is not unduly surprising that nurses appear apathetic and indifferent to the actions of those around them.

Farsightedness is not a gift with which many nurses are endowed. They prefer to live from day to day. Again this is due in part to their training, but also to the unpredictability of their work. However, until a few more do adopt such an attitude, in addition to taking a more active interest in the matters which affect them both in the present and potentially in the future, they will not achieve the status which they so much desire.

PHYSIOTHERAPY

It is obviously helpful when selecting students for admission to any course of training to have some conception of the qualities which contribute to success in the profession or trade in question. In the case of physiotherapy, probably most of us could make suggestions—some flattering perhaps, some derogatory—but they are likely to be subjective, and it may be that even those in whose hands the selection rests, have only vague and personal criteria. In an attempt to give some more indicative guide-lines, a personality profile has been drawn up by means of a questionnaire completed by 180 practising physiotherapists, assessing the quantity of a number of attributes so that the mixture necessary for success in the work can be evaluated.

Sixteen personality traits are recorded providing a measure of temperament and character which can be compared with the general population, and the sample has been split up to show how Principals of Schools and Superintendents of Departments differ from one another and from the total sample. The first category places all physiotherapists on the outgoing side of average on the reserved-outgoing scale with Principals and, even more, Superintendents showing a greater deflection than the whole group. The group also appears as more intelligent and more stable than the average, but on the submissive side of the submissive-dominant parameter. Surprisingly, here, superintendents show this trait more markedly than the rest but Principals veer towards the dominant side of the average.

The group appears to be markedly more serious and conscientious than average, and rather more timid than venturesome, to be moderately sensitive rather than tough-minded and trusting rather than suspicious. There was little deviation from average on the practical-imaginative and forthright-shrewd scales, although Principals appear more imaginative and Superintendents more forthright than the rest of their colleagues. The sample again showed a minor tendency to be apprehensive rather than self-assured and to be conservative rather than experimenting though superintendents tend more to the conservative and Principals to the experimenting side of the group as a whole.

The last three traits show physiotherapists as self-sufficient or resourceful, as controlled (especially so, the Principals) and to be on the tense side of the relaxed-tense average, with the exception of the Principals who are moderately relaxed.

Are there any unexpected aspects here? We have a picture of an intelligent, conscientious, trusting individual, self-sufficient and controlled, one who is serious-minded and slightly tense, a bit conservative and timid, not particularly assertive or self-assured. No doubt we can all think of examples who show characteristics at variance with this thumb-nail sketch but probably we would agree that the picture is about right. The question is—is this what we think a physiotherapist ought to be? Is this the sort of person who is required in the future? It would be interesting to know whether the people with whom physiotherapists work believe that today's "mix" is the right one.

STETHOSCOPES: Their Use and Abuse

Part II: Traditional tubes

In this short article I shall discuss the merits of the traditional binaural stethoscope, an instrument the Litman has failed to make extinct, and which is in fact becoming more popular. Plastic, computer-designed nick-nacks are being discarded in increasing numbers in favour of the rugged traditional models which are made by craftsmen from natural rubber and Sheffield steel. They are cheaply purchased (around £2.35p per lb. at the time of going to press) either ready-made or in an easy-to-assemble (without screws or nails) kit-form. The desperately impecunious student can alternatively construct his own from a rubber shower unit and a galvanised steel funnel. Such improvised models work extremely well as our own Dr. Jonah would certify, having used one for the last thirty years.

One advantage of these heavyweight hearing aids is the fact that they are still the favoured instrument for such popular TV programmes as "General Hospital" and "Doctor on the Carzy". Hospital is a strange and alien environment and the sight of a familiar object can bring great comfort and help to establish rapport between student and patient.

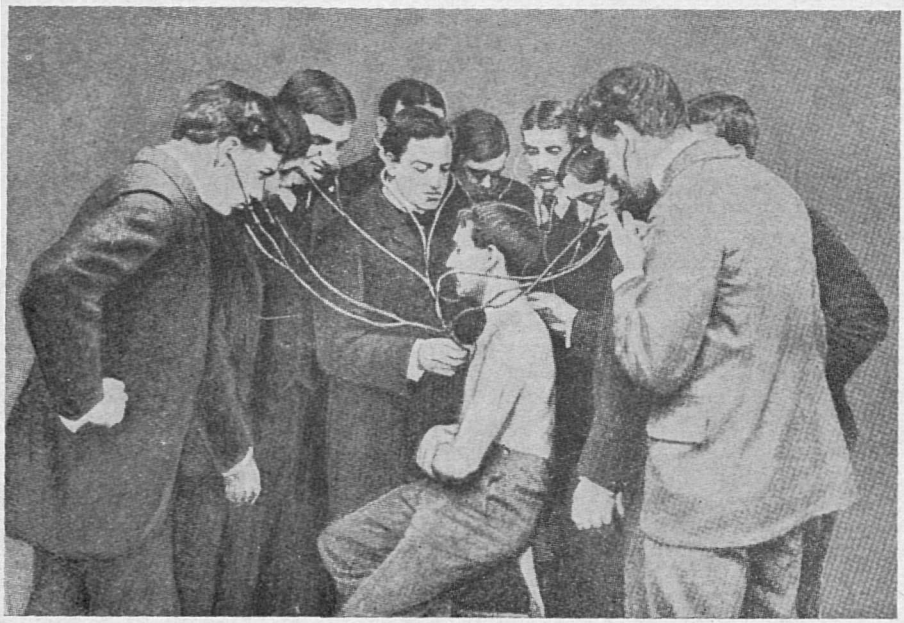

Fig. 1. Dr. Claude Jonah demonstrates a novel use of Thomas E. Crapper's modified shower unit. (Left to right) Sir Vical Smear, Lord Osis, General Ooze, Dr. Claude Jonah, Harry Fenton(?), Prawdwicz-Nemenski, Magnus Bore, Arnold Shultzberger, Prof. Fyllaxis. (Patient: Ivor Murmur).

When walking the wards one day I overheard the following discourse between two female patients :

1st patient: "Ooo, look at 'im, that young doctor, don't he look handsome in that nice warehouse coat and that doo-dah round his neck. Looks just like Hugo Chump star of 'Doctor up the Khyber' don't he."

2nd patient: "Yea, if it wasn't for that hideous hooter, pot-belly, fat backside and crab-like gait he would be the spitting 'image'."

I made a mental note to have the second patient's eyes tested and stumped off the ward indubitably discouraged.

Doctors may argue endlessly about the relative merits of different types of stethoscopes, whether or not they amplify low and high frequencies sufficiently well, but such argument is superfluous. Students at the commencement of their clinical apprenticeship hear precious little at the best of times, and in the ward situation amidst the howls of human agony (particularly noticeable at meal times) they hear nothing. Indeed, for the first two months every time I applied my stethoscope to my ears all I could hear was the sea (rather like a rough day at Aberystwyth). What IS important at an early stage is to choose a stethoscope you feel happy with and develop an easy-going and stylish manner with it in order to impress patients and staff alike. For the swashbuckling student the traditional stethoscope must be the instrument of choice.

The most impressive demonstrator of the stethoscope in action that I have yet to meet is our own incomparable Dr. Jonah. His habit of carrying his "tubes" in a makeshift shoulder holster (consisting of his waistcoat armhole) has earned him the affectionate and admiring nick-name of "the fastest 'scope in the west-end". Indeed, I have seen him flash his apparatus with such rapidity that he has brought a blush to the cheeks of young nurses and made his Senior Registrar's eyes water.

My most disquieting experience with Dr. Jonah was on a ward round on which I had to present a patient. I had taken kaolin and morphine prophylactically (as I always do before such momentous occasions to combat an embarrassing nervous ailment) so I awaited the appointed hour calmly enough. After the usual preliminaries Dr. Jonah produced his stethoscope and auscultated the chest. He completed his examination and fixed me with his X-ray eyes.

"Well", he said, "did you hear anything?"

"Nothing unusual", I replied, meaning that all would seem well on the Welsh coast.

"Then you had better listen again", he said, "using a REAL stethoscope", and handed me his own.

I listened widely over the praecordium, a procedure advocated by most textbooks, but to no avail, I shrank away from telling him that the weather appeared to be worsening over the Irish Channel. All of a sudden I heard it, quiet but unmistakable, over the din of seagulls, I could not suppress a smile. Seeing my pleasure, Dr. Jonah ceased tapping his foot and sharpening his tongue.

"Well, did you hear it?" he asked.

"Yes."

"And what did you hear?"

"The heart, Sir."

"Bore", he said wearily, "you have the ears of a bat, the eyes of a hawk and the nose of a bloodhound."

I smiled proudly; it was some time later I realised he was discussing my appearance rather than the acuity of my senses.

By Magnus Bore.

SPORT

Commentary

With the sizzling summer rapidly fading to be just another figure in the statistician's analysis, thoughts turn to what many consider to be among the best times in the Sportsman's Calendar: the beginning of the Rugby Season. Good news too for the Loyalists of Guy's: two wins at the start, one against Bognor by 32-18 and the second against Bromley by 22-9. If you enjoy watching the game, enjoy a glass of beer (or two) and have a free Saturday afternoon, why not come and spend it at H.O.P.—the Rugby Club want you to, just look in the East Wing. While you are there, you might well see the Soccer Club—they, too, have started well with a creditable 2-2 draw, away, against the Catford Strollers, the goals by courtesy of John Karani ("I thought this boy played cricket?") and, wait for it . . . the over-enthusiastic, overhead and overgenerous efforts of the opposing goalkeeper. Thanks, pal! Hockey should have started by the end of September and soon afterwards, the sporting talents of the new students should be apparent as term starts.

Secretaries—don't forget the budget for your Club and when your Hops are this term.

STOP PRESS. 1st XV beat Purley 22—21.

NOTICE

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date. Publication dates for the next three months are: 25th October, 29th November and 20th December.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notice 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

CORRESPONDENCE

Lead Plaques

SIR,—I was interested to read your account of the lead plaques in the July Passim. I think that the history of these plaques should be recorded since it shows how easily such treasures can be lost.

I discovered these plaques more than 20 years ago attached to the walls of the Plumber's Shop in the Works Department. Over the years I repeatedly tried to persuade the hospital authorities to have them displayed, otherwise, I said, they would sooner or later be destroyed. All my efforts were wasted. Recently being on the Committee for the 250th Anniversary Celebrations I got Lord Brock interested. To my horror both the Plumber's Shop and the plaques had disappeared, and nobody apparently knew or cared about what had happened to them. Eventually I discovered that Mr. Bill Osborne, the carpenter, had rescued them and had literally snatched them from melting pot and had them hidden in the Carpenter's Shop. Had it not been for his interest and initiative they woud have gone, and we owe him a great debt. (Mr. Osborne has now unfortunately left Guy's).

As far as I know the larger plaque is the only inscription of Mr. Guy's Hospital still existing.

Yours faithfully,

J. W. MANSIE,

112a Harley Street,

London, W.1.

Psychiatry at Guy's

SIR,—I can't help thinking that Dr. David Stafford-Clark's letter does call for a reply.

I cannot stress too strongly that on professional matters standard professional works should be consulted of which the Oxford and Webster's dictionaries are only lay versions.

The word "Psychiatry" is derived from the Greek "pysche" meaning "mind"—we are all agreed there except perhaps as to the meaning of the word "mind" and "iatreia" meaning to "heal" or "to treat". The Greek "iatros" means "healer"—not "physician" in the modern sense of the word of a fully academically qualified medical practitioner and hence applies to the word "psychiatrist !". The fact that the Oxford and Webster's dictionaries use "iatros" and not "iatreia" in their definition for lay-people is solely a matter of the law of the land and not a semantic one.

In my correspondence I think I was careful to distinguish between "medical psychiatry" and "psychiatry". The former does deal with "illness in the medical sense" whereas the latter has more to do with conformity and non-conformity.

However I am grateful to Stafford-Clark for his kind remarks in his last but one paragraph and would like to point out that it is Greed (red cock) Hate (green snake) and Delusion (black hog) which lie at the centre of the Wheel of Life and it is Ignorance of the "Laws of Life" which lie at the base of Suffering.

Yours faithfully,

OSWALD B. BALEAN,

Harcourt,

13, The Ridgeway,

Chatham, Kent, ME4 6PD.

Residents' Play

SIR, As a neighbour and loyal supporter of every possible activity organised by Guy's over the many years, I have always looked forward to the end of February each year since the 1960's, for at that time in return for an advertisement in their programme I have always received two tickets for that extraordinary misnamed phenomenon known as the "Residents' Play". Over the many years since it was revived after the war I have never missed a show and never enjoyed so many laughs in one evening. What a stroke of genius to allow such a safety valve to release itself once a year, and what an ideal venue.—I never supposed that Professor Hunt ever withheld his kind permission when asked. I am fortunate in having almost a complete collection of the records and can still see the characters in my mind's eye plotting and planning and outdoing each other I expect for my benefit as a patient although I never saw a patient on the stage except on an operating table.

Has all this come to an end? Have the powers that be finally won the battle? Have all those consultants with Bentleys and private practices thrown in their lot and become figures on an executive committee? Do all those amorous housemen and deep toned sisters toe the regulation line these days?

Can nobody tell me what has happened to the Residents' Play? Have I seen my last one? I sincerely hope not.

Yours faithfully,

B. STEVENSON.

B. Stevenson Ltd.,
15 Borough High Street,
London, S.E.1.

Cigarette Manufacturers' Sponsorship of Rugby

SIR,—Having received yesterday the circularisation sent to supporters of the Guy's R.U.F.C., with its proud if incidental reference to the 132nd season—considerably senior in years to the Rugby Football Union—I am prompted to write to enquire, through your columns, whether the oldest R.U.F.C. (save Rugby School) should not demonstrate its disapproval of the latest initiative of the R.F.U. ? Comment elsewhere convinces me that I am not alone in deploring the fact that the R.F.U. should have fallen into line, behind cricket, golf and others, and accepted financial backing from cigarette manufacturers.

There is no need in a medical journal to rehearse the arguments against cigarette smoking, but there would be a special significance in rugger clubs of a medical nature letting the Union know that they feel strongly. We should not, I believe, just shrug our shoulders at the successful efforts of these modern "captains of the men of death" to appear as wolves decked in sheep's bikinis—as promoters of healthy sports and pastimes.

Could I suggest an appropriate letter from Mr. Lewis and the other Officers of Guy's R.U.F.C. to Twickenham—and if possible that they seek to get parallel action from the United Hospitals Club, and from its other individual constituents. If, over and above, they were moved—if only as a gesture—to tender resignation from the Union, as a mark of justified disapproval, it would show how seriously at least one founder-member feels on this issue.

Yours faithfully,

DAVID GULLICK,

13 Weston Road,
Stevenage, Herts, SG1 3RH.

National Poisons Information Service

SIR,—This Service, which has been in operation since 1963 and which is ready on a 24-hour basis to advise doctors throughout the United Kingdom on queries about poisoning, depends in large measure for its staffing on student volunteers. Over the years their help has been invaluable to us. Telephone duty is undertaken in 4 to 4½ hour shifts on weekdays, Monday to Friday, starting at 5.30 p.m. and throughout Saturdays and Sundays, from 9 a.m. until 10 p.m. Tuition in clinical toxicology is given to those taking part, experience can also be gained of intensive care in Starling Ward and, usually, there is opportunity for reading as well. In addition, monetary payment for duty is paid at reasonable rates. Vacancies now exist for more recruits to this rota and clinical students interested are invited to ring Extension 4000 or 4001 for further particulars.

Yours faithfully,

New Cross Hospital,
London, SE14 5ER.

ROY GOULDING,
Director, Poisons Unit.

Heart Apart

SIR,—At the Guy's Dental Clinical Day meeting last March I demonstrated the use of a high frequency electrosurgical unit (electro cautery) for gingival tissue management during impression taking for crown and bridge dentistry. This was a modern fully rectified square wave electrocoagulative unit: there are some half dozen similar units available on the dental market mostly made in Germany and the U.S.A.

It has recently been published that these high frequency units can interfere with the electrical impulses produced by cardiac pacemakers, with possible very serious results. To my knowledge only one unit on the British market yet has any warning about this interaction.

It would appear that wearers of modern pacemakers with co-axial shielding are safe. However, in the absence of any specific information, and until such time as all pacemakers are of the shielded variety, electrosurgery is contra-indicated for these patients. It would also appear that any individual wearing a pacemaker should not be within a radius of at least 16 ft. from the device in use, this could well mean an adjacent surgery.

Yours faithfully,

JOHN MCCORMACK,

40 Harley Street,
London, W.1.

Medical Secretaries

SIR,—May I, through your columns, express my appreciation of the very great kindness and helpfulness shown by medical staff at Guy's to secretarial students and trainees for whose training I am responsible.

I do realise that doctors are very busy people and I am most grateful to the consultants, registrars and house officers who take time and trouble to help intending medical secretaries with the terrifying (to the layman) complexities of medical terminology and medical and surgical procedures. They may like to know that I am able to recruit staff for this hospital largely from the erstwhile students who, having qualified, apply to work at Guy's "because everyone was so friendly there and the doctors were so helpful". My thanks to you all.

Yours faithfully,

JACKY CARPENTER,
Supervisor—Medical Secretaries.

Guy's Hospital,
London, S.E.1.

Sister Trevelyan

SIR,—May I, through the courtesy of the *Gazette*, have the following letter published, for the information of the many people who will remember Sr. Trevelyan.

Yours faithfully,

EILEEN DIXON,

Main Theatre,
Guy's Hospital,
London, S.E.1.

Dear Mrs. Dixon,

I read your letter in *Uro-Gram* recently and was pleased to see a letter from a Guy's Sister. I thought you might be interested in seeing and passing on this issue of *Gastro News* to whoever is involved with G.I. proceedures and Endoscopy at Guy's.

We formed our society just over a year ago to promote educational exchange between people involved in this fairly new modality and we have grown quite rapidly, having a membership of nearly five hundred to date.

If you see Mrs. Helliwell you can tell her my Theatre experience finally stood me in good stead as I work for a Colo-rectal Surgeon as his private nurse and am Surgical Endoscopy Supervisor at the Lahey Clinic. Not to say my I.C.U. experience doesn't help also, having organised a new unit.

Please give my regards to all on Starling Ward, Dr. Clark etc., and of course Miss B. White. I am Vice-President of this organisation and Editor and co-ordinator of the *Newsletter*.

Sincerely,

MARGARET M. E. TREVELYAN, S.R.N., S.C.M., R.N.
(*Guy's* 1968; *Sister, Starling Ward,* 1970-71),

Society of Gastrointestinal Assistants,
328 Commercial St., 21,
Boston, Mass. 02109, U.S.A.

Rotary Club International

SIR,—As Chairman of the Bermondsey Rotary Club International Service Committee, I write to inform you of some of our functions.

Perhaps the most important and rewarding of our functions is to promote international understanding and goodwill. Located as we are in the Borough High Street, we are ideally placed to offer hospitality in the Club and subsequently in our homes, to the foreign medical, nursing and technical students as well as the many foreign domestic staff within the Guy's organisation.

As you will know, Rotary is made up of a wide cross-section of the community representing business, commerce, religion, education, etc., and it is the aim of my committee to extend a welcome and a helping hand when and where needed to any foreigner from whatever walk of life who may be in Bermondsey or adjacent.

If you know of any way in which we can be of assistance to these people within your organisation I would be pleased to hear from you either by letter or telephone and should you require any further information I would be pleased to provide it.

Yours faithfully,

J. A. BLACK,
Chief Dairy Products Officer,
Ministry of Agriculture and Fisheries,
New Zealand High Commission.

St. Olaf House,
Tooley Street,
London, S.E.1.

HOSPITAL INFORMATION

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF THE UNITED KINGDOM

M.R.C.P.

July 1975

D. J. Atherton
R. M. Barry
N. D. S. Bax
R. E. Clifford-Jones
J. A. Dalziel
M. H. Davies
R. G. Dent
L. K. Jackson
Lucinda L. Judd
B. V. Martindale
J. P. Monson
K. G. Nicholson
D. B. O'Keefe
R. B. Paisey
P. J. Rees
A. R. Tanner
M. A. Thompson

UNIVERSITY OF LONDON

Examinations in Basic Medical Sciences and Pharmacology

June 1975

J. S. Aldis
Sylvia Askin-Edgar
P. K. M. Bajorek
N. J. Barrie
J. D. Beard
Jennifer A. Bearn
P. C. Birtles
M. C. Bishop
A. P. Boardman
P. F. Bolton
A. S. E. Bristow
Fiona M. M. Campbell
Amanda B. E. Clark
R. M. Cole
Susan J. Comper
I. D. Crate
D. R. Davies
Mary C. Davies
D. F. Dayson
A. M. Dighe
Katharine J. Dismorr
T. C. Dowd
J. R. A. Duckworth
Anne Dudeney
Prudence A. M. Evans
G. J. Findlay
P. M. Fisher
C. P. Gilford
G. Gilhooley
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R. G. T. Glynne-Jones
A. J. Goodman
Jane R. Graham
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Fiona J. Hearn
M. J. E. Higgs
N. P. Hirsch
M. Hodes
Meriel C. Hollway
M. W. Houghton
S. Humphreys
Ruth C. Hunt
P. J. G. Hutchings
A. P. Jackson
C. J. Jackson
D. E. Jones
G. W. Jones
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G. J. A. Joy
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Sarah E. Perfect
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Judith P. Popplewell
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B. Rodgers
C. P. Shearman
G. A. Shun-Shin
C. F. Sidebotham
Rosemary D. C. Southwell
S. J. Sperring
G. J. Tamlyn
R. T. Thompson
M. H. Thornhill
S. Q. M. Tighe
Wendy P. Towell
C. C. Trounce
A. T. Tylee
M. C. Wake
D. K. H. Webb
Georgina M. Webb
Joanna S. Westbury
M. D. Weston
W. S. Whitby
D. L. Williams
J. Wilson
S. Wood
G. M. F. Woodruff
M. C. Young

Preliminary Examination for Studies in Medical Subjects

June 1975

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M. J. Blackwell
Lois A. Brereton
I. Bryant
W. W. Carlile
N. P. Chandler
Mary G. Charmantas
G. A. Clarke
Rachel M. A. Coburn
Elizabeth Q. da Cunha
J. M. Ede
Caroline L. Gardiner
Catherine B. Irwin
Sarah G. Janikoun
Jane A. Jordan
Claire A. Lawton
Jane E. Loxton
M. A. B. McEvedy
C. G. Newstead
Jayne A. Owen
J. A. Pascoe
S. G. Perkins
Julie R. Sanderson
Gillian T. Smith
R. C. Trembath
C. Vincini
Kathleen Warren
Anne M. H. Williams
Gillian R. Wood

Second Examination in Dental Surgery

June/July 1975

Jennifer C. Bloch
M. D. Boote
J. M. Bowen
R. J. Brocklehurst
Julia L. Browne
M. J. Buckle
Christine M. B. Buckley
D. R. Burton
R. Carter
Nicola J. Charig
Annette M. Clover
J. P. Coles
F. I. Collier
M. T. Coppen
Caroline M. Daniel
M. P. Delahaye
H. E. Evans
Annabel S. Gamlen
Eldwyth M. George
R. G. Hahn
J. A. S. Harrison
A. J. Hedger
S. G. Hill
Carole Hiscock
F. J. Hughes
T. S. Hutchinson
Alpna Inamdar
R. L. V. Johns
S. P. Jones
R. S. King
Jane Kwai Yook Lau
R. W. Laws
Janet E. Leigh
R. S. Levy
D. J. Mehigan
D. G. Moran
P. Munford
S. L. Newall
P. A. Norton
G. M. O'Hare
Geraldine A. Ovens
Vivienne I. Palfrey
D. O. Parnell
Alexandra M. Peel
C. N. Penfold
C. A. Pritchard
D. A. W. Puckeridge
Erica Rapaport
M. J. Rodker
R. B. Rome
J. A. Senior
M. G. Sheppard
A. D. Sidi
Ann M. Skelly
W. R. Smithson
Judith A. Spencer
Barbara I. Szulc
N. H. Taylor
Judith C. Tranter
T. F. Watson
E. J. Whaites
Margaret H. Wyatt
W. Chee Wai Yap

Third (B.D.S.) Examination in Dental Surgery

June 1975

Part I

Pauline I. Arnold
Helen J. Ash
H. M. Attenborough
G. Avetoom
Clare Z. Bennett
Pia M. S. Birch
Anne R. Brown
Elizabeth M. Brownbridge
M. G. Bull
Michelle A. Bulline
Mary C. Burgess
D. E. Chalom
J. Clark
S. C. Cole
J. P. A. Cooper
D. R. Evans
Deborah M. Gaskell
Jane C. Gibbon
I. B. Gough
C. R. Goves
I. F. Haley
D. C. Hughes
Hazel J. Ibbetson
S. M. Jefferies
P. N. Jones

S. Khan
I. Litchfield
Janet F. Loch
Carol I. Mander
G. Mason
N. J. Middleton
D. L. Miller
T. D. U. Miller
A. Milosevic
Carol A. Nixon
M. R. Owen
K. Parsons
Dorothy E. Paterson
Lesley M. L. Peacock
R. M. Piper
J. F. Plant
I. Puleston
T. M. L. Ramchandani
I. Redfern
Patricia A. Reynolds
P. M. G. Rosie
J. M. Ryan
P. M. Sinclair
Hania I. Skapski
Christine J. Smith
S. T. Stanley
D. H. T. K. Tewson
A. B. Tidman
Rosamond D. L. Troughton
Gillian E. Trounce
C. K. G. Wagaiyu
Sally E. Ward
J. R. Wells
R. W. Wilmott

Part II

C. D. Allen
M. J. Cranfield
J. H. Harker
W. H. Harley
Irfana S. Hussain
J. D. Ireland
R. W. Jones
S. R. Luxton
C. D. May
E. Olsen
J. A. Pettifer
Ayse C. Sivas
Caryl E. Sycamore
D. G. Sykes
J. T. Wade
Menna Wilkins

Part III

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M. T. Bostock
J. A. Brazier
A. M. Campbell
M. J. Cranfield
C. C. Dowdeswell
G. P. Feaver
J. A. Fewster
S. R. Flint
G. N. P. Gibbs
Susan M. Hooper
O. A. A. Kassam
S. R. Luxton
S. Merali
N. M. Moolji
A. V. Smith
P. B. Smith
Coryn P. Taylor
C. W. Wong

Part IV

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C. D. Allen
Elisabeth Anwar
Susan E. M. Arthur
I. S. Bell
P. Berntsen
Pauline Booth
M. T. Bostock
J. A. Brazier
M. A. W. Bunyard
D. P. Collins
R. Cording
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Margaret L. Croysdill
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M. A. Epps
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M. G. Gilhooley
Judith M. Girdlestone
C. D. Grant
Sandra I. Grant
M. A. Hargreaves
C. W. Hendy
Susan M. Hooper
L. B. Jacobs
N. Jaffer
Ceinwen M. Jones
F. K. Kirkpatrick
Sandra E. Kitchen
A. M. Lester
Jane E. Maunder
C. D. May
T. S. May
N. M. Moolji
Belle S. Mooney
D. M. New
J. G. Owen
Marilyn D. Pascoe
D. J. Petty
I. Phoenix
J. Pieniazek
R. Poulter
J. R. Radford
M. C. Selley
M. W. H. Shipway
A. V. Smith
Clare M. Sova
Caryl E. Sycamore
Corvn P. Taylor
S. D. B. Taylor
G. P. Unsted
J. P. Vlitos
R. W. Wassell
P. S. Watkinson
B. J. Westwood
C. W. Wong
G. A. Zaki

ENGAGEMENT

The engagement is announced between Dr. Marc Rowland and Elisabeth Bowers.

DEATH

Dr. F. G. Booker on 26th July, 1975.

CHANGES OF ADDRESS

Mr. Peter Banks, M.B., B.S., F.D.D. Consulting rooms after September 8th, 1975, 70 Harley Street, W.1. Tel. 01-636 7900

David and Margaret Jackson, The Mews Flat, Hellesdon House, Mill Lane, Hellesdon, Norwich, NR6 5AY.

Mr. and Mrs. F. R. Kilpatrick, Hookwood, Tripp Hill, Fittleworth, Pulborough, Sussex, RH20 1ER. Tel. Fittleworth 415 (STD Code 079882).

Dr. R. K. Knight, Double Dance, Ightham, Kent, TN15 9AT. Tel. Borough Green 884198.

Mr. and Mrs. N. J. Knott, Ratford Farm House, Nr. Calne, Wilts.

Dr. Neil and Merrilyn Barber, 107 Queen Mary Road, Kingston, Ontario, Canada, K7M 2A5.

Deirdre C. T. Watson, F.R.C.S., 21 Knaresborough Road, Wallasey, Merseyside, L44 2BG.

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GUY'S DOCTOR returning England September from South Africa, looking for opening, go-ahead general practice. Four years varied experience English hospitals, three years 600-bed mission hospital Zululand, followed three years general practice combined pioneer work organising community health services for Zululand mission hospitals. Preference small town/rural practice southern half England. Wife similar experience with Family Planning certificates available part-time if needed. Dr. Howard Mowbray (Guy's 1960-65), M.B., B.S., D.C.H., D.Obst.R.C.O.G. Age 33. Dr. Carolyn Mowbray (Guy's 1961-66), M.B., B.S. Age 32. Box No. 1/9.

MATERNITY NURSE, experienced, with good references, wanted for at least 3 months for first baby due 3rd November at Guy's. Own room, bathroom and TV in large modern house in Blackheath. Daily help kept. Mrs. Wengraf, 160 Langton Way, S.E.3. Tel. 01-858 5712 after 7 p.m. or 01-407 8080 9 a.m.—5 p.m.

GUY'S HOSPITAL GAZETTE

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

INTRODUCING THE GAZETTE

The Freshers' edition of the *Gazette* is designed with a particular bias to all the new students at Guy's. This traditional issue has in the past been more relevant to medical and dental students, but we hope that with the broadening horizons of the *Gazette* and the special articles in this number, no one will feel neglected.

The *Gazette,* the oldest hospital journal in the world, is a monthly magazine for all Guy's men and women. It is neither a Medical School newsletter nor a student mag; it is an independent house journal. The *Gazette* Committee consists of members of the Hospital Staff and all the *Gazette* staff. They meet regularly to review the management of the *Gazette* and to discuss any changes in policy required. The Editor is appointed by the *Gazette* Committee and in recent years this position has been occupied by medical and dental students. The tradition of the Editor personally selecting and handing down the post to his successor (under authorisation of the Committee) has been in existence for well over 100 years and accounts for the continued success and consistent standard of the *Gazette.* The Editor chooses his colleagues on the Editorial Staff from students who approach him and express interest in helping. It is a most rewarding and satisfying pastime, albeit time-consuming and often frustrating. In addition, honoraria are paid for this constructive and enjoyable hobby.

The work is done in a small office in St. Thomas' Street. Some of the articles are volunteered but most has to be rooted out by the Editors. The Clubs' Union News, a new and welcome innovation to the *Gazette,* is the official news section from the Clubs' Union. There are two elected Clubs' Union Council members on the *Gazette* Committee and it is their responsibility to write this important

column. The Nursing, Physiotherapy and Radiography pages are written by senior staff from the respective schools.

The *Gazette* is not a profit-making organisation; indeed, it is a registered charity. In order to keep the price as low as possible a few advertisements are included and this together with the subscriptions, aims to balance the production costs and postal charges. The manager is in charge of this crucial part of the *Gazette*. The 4,000 or so subscribers are a varied group:—doctors, dentists, nurses, physiotherapists, people working in Bermondsey (and of course on the site) and others who may have come into contact with Guy's only fleetingly, even as a patient. A large number of the *Gazettes* published, go to Guy's men and women scattered around the globe and also to nearly all the colleges and universities in the country. The actual readership, therefore, is considerably greater than those actually paying for it.

The Clubs' Union pay a block subscription which is part of their capitation fee which finances the Rugby, Hockey, Soccer, Theatre, Music and all the other Clubs and Societies within the Union. In the same way as everyone is a member of the Christian Union or Badminton Club and can use their facilities, so every medical and dental student is a subscriber to the *Gazette* and is entitled to take a copy home with him. The students get their *Gazette* at a very much reduced subscription (65p p.a. as opposed to £4.00 p.a.). Other Guy's students (nurses, physiotherapists, etc.) who are not members of the Clubs' Union, also receive the *Gazette* at a significantly reduced price. This is made possible by the subsidies of those subscribers paying the full rate. A recent increase in subscription was announced (£2.50 to £4.00). This was the first increase in over four years and was understandable in view of the approximate 30% annual increase in inflation and the crippling rises in postal charges. The manager is to be congratulated in delaying the increase for so long.

The next few years of your life will, to a large extent, be orientated around the School. Academic standards of entry have reached another new peak and the Schools still attract the cream of the crop (or at least that's what you should tell your friends). In the Passim a year ago, we encouraged the new students to take full advantage of the opportunities and facilities that Guy's offered. It is not usually necessary to advise Freshers to work hard but they do often require guidance and prompting in extra-curricular activities. With the brand new Wolfson House and Orchard-Lisle swimming pool in addition to the extensive and varied selection of sporting and non-sporting clubs, there is surely enough to suit all tastes. We should like to take this opportunity in formally welcoming you to Guy's and introducing you to the *Gazette*. The *Gazette* invites and values your contributions and encourages you to voice your criticisms and views through its columns. The message to you all is clear. Your student days at Guy's are to be remembered and cherished and we hope they will be fulfilling, interesting and great fun.

NEWS IN BRIEF

Orchard-Lisle Swimming Pool

The Orchard-Lisle swimming pool was officially opened by Lord Robens on Wednesday, 8th October, 1975. Before unveiling the plaque situated on the wall at the deep end of the pool, Lord Robens paid tribute to the hard work and generosity of Mr. Aubrey Orchard-Lisle, a former vice–chairman of the old Board of Governors of the Hospital. Mr. Orchard-Lisle responded to a warm and long-lasting ovation given by the audience of about 100, which included local civil dignitaries and others directly concerned with the entire project. After the brief ceremony there was a Gala organised by the Swimming Club featuring a fancy dress show, an "It's a Knockout" game and a Staff vs. Students water polo match which was narrowly won by the Staff. The guests were then entertained to a splendid buffet supper on the first floor of the Greenwood Theatre.

The following provisional arrangements have been made:

1. The pool will be open at the following times:

Monday	0800 hours	–	1900 hours
Tuesday	1100 hours	–	1900 hours
Wednesday	1100 hours	–	2000 hours
Thursday	1100 hours	–	2000 hours
Friday	0800 hours	–	1700 hours
Saturday	0800 hours	–	1200 hours

2. The charges for use of the pool will be 15p for a single session and 50p for a monthly season ticket.
3. Swimmers should bring their own towels as towels are not available.
4. A returnable deposit of 10p will be required to operate the lockers and swimmers should bring a 10p coin with them.

Dr. Alfred Leigh Smith

Dr. Alfred Leigh Smith has been appointed a Deputy Lieutenant of Surrey.

Dr. F. Norman Rigby

Dr. F. Norman Rigby has been appointed Executive Director of the British Columbia Medical Association. He was previously the Medical Superintendent of the Royal Columbian Hospital in New Westminster, British Columbia, and a member of the Faculty of Medicine at the University of British Columbia.

Appointment of Nursing Management Staff

Miss J. N. McNiven has been appointed Senior Nursing Officer in the Midwifery Department on the retirement of Miss Stevenson.

Mr. P. Latta has been appointed Nursing Officer, Departments.

Wolfson House

Below is a further list of Guy's men and women, together with members of the staff of the Hospital and School, who have contributed to the Appeal Fund up to the time of going to press :

Dr. D. F. V. Brunsdon
Dr. C. C. Bull
Dr. J. M. S. Grieve
Mr. F. R. Kilpatrick
Mr. C. Maggs
Dr. W. P. N. Moore
Mr. J. M. Scoones.

The first students took up residence in Wolfson House on 7th September, 1975. On the following day, the medical, obstetric and paediatric take-in students were also accommodated there for the first time and Sophie's Hostel finally closed. Other students have taken up residence during the past month and, from 6th October when the new Course began for 1st year Clinical Medical Students, the study-bedrooms are full.

Recently a public appeal to the City has been launched, with an attractive brochure prepared by the School and printed and distributed entirely at the expense of Ultramar Company Limited. A total sum of more than £750,000 has now been received or promised towards the cost of building the new study bedrooms and something less than £450,000 is still needed. It is important for the School that this is collected within the next three or four years.

The Friends of Guy's Hospital—A Christmas Appeal

The Friends of Guy's Hospital will be setting up their annual Christmas Stall in the Colonnade from December 1st in order to raise money to provide extra amenities for the patients. The Stall will again feature the beautiful toys, shawls and decorations made by The Hon. Mrs. McBeath, Mrs. Cawson and many other Friends. They would be extremely grateful for any donation or gifts; homemade toys are particularly popular. If you can help in any way, by sending a gift or donation or by being able to help on the stall, please contact Mrs. Campbell, The Friends of Guy's Hospital, Services Branch, Guy's Hospital, London, S.E.1, or ring the Hospital, extension 2022.

Early 19th Century Operating Theatre and Herb Garret

The Old Theatre and Herb Garret are open to the public on Mondays, Wednesdays and Fridays from 12.30 to 4.00 p.m. at a charge of 20p (10p for students). This unique Theatre was in use for 40 years until 1862 when St. Thomas' Hospital sold its property to the railway company at London Bridge. It is well worth a visit and the entrance is by the Chapter House, St. Thomas Street.

The Dental School in Guy's Tower

On 25th September, Professors Emslie, Rowe and Tulley and their colleagues invited the School Governors to see the new Dental School. Of course, it is not finished and they have troubles with the lifts, but most of the move has now been made into quarters that look good and promise better. The dental staff were full of praise for the unstinted and cheerful help they had had and are still getting from the Works Department.

Morale was clearly high and patients, students and staff seemed to appreciate their bright new surroundings with such wonderful views over London. The children's clinic looked especially cheerful with its two huge dolls to welcome the young patients. One felt that everywhere there was self-discipline : all the staff at every level were determined to keep things good.

It is perhaps not said often enough that our Dental School is a great pride of Guy's. Its teaching is first-rate and its professional competence and efficiency in patient care quite outstanding. A notice where the patients waited in the old building said something like this :

> "If you have been waiting more than 15 minutes without attention, please enquire at the desk."

What a proud thing to be able to show to the public !

Well, there it all is now at the top of the Tower. Long may its excellence shine out like a beacon, an example to the rest of us of how well things can be done.

G.A.D.H.

Inter-Hospital Transport Timetable

Variations have been made in the District Inter-Hospital Transport Timetable around 12.00 hours due to the change in nurses' duty hours.

The new timings are:

11.45 depart Guy's for St. Olave's and New Cross.

11.55 depart St. Olave's for New Cross.

12.05 depart New Cross for St. Olave's and Guy's.

12.15 depart St. Olave's for Guy's.

12.25 depart Guy's for Evelina.

12.35 depart Evelina for Guy's.

The point of arrival and departure at each hospital remains the same:

Guy's: Opposite the Bookshop at the south end of the Colonnade.

Evelina: At the Front Entrance.

St. Olave's: Outside the Main Entrance Building.

New Cross: In front of the League of Friends' Refreshment Pavilion.

Alleged Secret Drug Testing on Psychiatric Patients

At the September meeting of the Community Health Council, anxiety was expressed regarding allegations made in the press of secret drug trials in which one of the hospitals in the Guy's group was concerned. As a result, the October meeting of the CHC was attended by Dr. R. Gaind, Consultant Psychiatrist, who explained fully the trials which had taken place some three years ago to assess the value of long-term drug treatment of schizophrenia, treatment which was not curative in its effect, but also gave rise to concern at long-term side effects.

The study had been entered into only after approval by the Medical Research Council and the National Ethics Committee, and with the blessing of the DHSS and the Institute of Psychiatry. Consultations had been held with patients or relatives, and patients had been seen at weekly intervals.

Dr. Gaind dealt with questions to the satisfaction of the CHC, who thanked him for his attendance, and the full reassurance he had been able to give in the matter.

Thatchings

Although Thatchings officially closed on September 30th and is now up for sale, the Thatchings Working Group report that Thatchings will open on November 7th for a limited period. The deficit for July and August was only £300 and £250 respectively, instead of the expected £1,000 per month. This reduction in expenditure was due to the efforts of the staff and economies made during the summer, so after paying the staff for their hard work there is still some cash in hand. It has been agreed with the Thatchings Trustees that the Working Party will continue to pay all relevant bills and wages of the caretaker as long as the present funds remain. At present they are expected to last until January.

So Thatchings will open again on November 7th. However, booking arrangements now have to be made directly with Janet, telephone Pagham (code 02432) 2142. Please phone her by Wednesday for the weekend, so that she can make the necessary arrangements as she has no help and is only acting as caretaker. Group bookings are probably best on a weekend basis only. Club Members will still get their discount.

Mr. J. B. Blaikley

We deeply regret to announce the death of Mr. John Blaikley, C.B.E., F.R.C.S., F.R.C.O.G., on Tuesday, 21st October, in Nuffield House, Guy's Hospital.

CLUBS' UNION NEWS

A WELCOME FROM THE PRESIDENT

May I extend a warm welcome on behalf of the Clubs' Union to all FRESHERS.

Maybe many of you will have settled into the Guy's routine already. There is also the great possibility that an equally large number have not. Don't despair, I still get home sick now and again, although a place like this is what you make of it, to a certain extent. If you sit alone and mope you will never get anywhere. Apathy is a student disease. Infection usually sets in within two or three months. If you are unhappy with the set up try and change it rather than accepting it as an occupational hazard. I am sure you will get a fair and sympathetic hearing. So feel free to contact any member of the Union, any time.

I am sure many people will agree that this year's *Freshers' Week* was a huge success, although one or two people were looking rather green around the gills by the end. This success would not have been possible without the co-operation and enthusiasm of all the new students who took such an active part. I hope that this will continue in the future because it is extremely gratifying to see a great deal of hard work reach fruition. When I say hard work I mean the great efforts supplied by the numerous students who organised the functions and worked behind the bars. In particular I must single out Roger Davis who worked unceasingly on the discotheque, selling tickets and organising the concert. Many thanks also to Dr. Colin Hunter-Craig and the staff of the Medical Insurance Agency for producing such a superb Freshers' Magazine and the members of the National Westminster Bank for their generous and highly successful wine and cheese party. I am in great debt to Pernod for their popular and friendly sales promotion in the Greenwood Theatre.

The Clubs' Union would be very pleased to meet anyone interested in helping organise, cater, decorate or help in any other way to organise the *Snowflake Ball* on Friday, 5th December. Many of the arrangements have already been made but any help would be very much appreciated. If you are interested, please contact me, Peter Watkinson, East Wing, Guy's Hospital. We hope this will be the best ever.

As many of you know already, 1976 is the 250th anniversary of the Hospital. On May 6-8th there will be numerous celebrations within the Hospital including the official opening of Guy's Tower by the Queen. The Athletics' Club committee is arranging a sports day on May 8th and a sub-group has been given the responsibility of co-ordinating this event. Ideas will be very welcome. Anything from the sublime to the ridiculous!

New furniture in the East Wing bar should be forthcoming in the near future. I expect it to be kept in a reasonable state as it is very disappointing when the odd irresponsible idiot goes around scrawling his name all over the place, as has happened in the television room.

Finally, I must remind everyone that the Winter Union General Meeting will be held at lunch time on Friday, 14th November. Items for the Agenda should be submitted to either Mike Selley or Dr. Terry Gibson. It is essential that every possible member of the Union should attend if they believe in a democratically run students' organisation.

Pete Watkinson.

Conference of Medical Student Societies, Manchester

After the Summer U.G.M., the Clubs' Union was given a mandate to work towards the setting up of an association of medical student societies. This was granted on the basis of a meeting held at Birmingham in April. It was with this in mind that two representatives went to Manchester for the weekend of the 20th September.

The conference was organised to enable the various medical student societies to exchange information about the problems affecting medical students in general, and the special problems (particularly financial and the N.U.S.) that are encountered by the provincial medical schools. These are very much greater than ours, which seem chicken-feed by comparison. Among the topics discussed was payment for the taking of bloods, free white coats for clinical students and the use of D.H.S.S. canteens. One point of interest was the idea of a "field-day" between the medical schools in England; the Scottish schools already do this. More sporting contact betwen the London schools and the provinces would be welcomed; the fixtures' secretaries might like to look into this. Any offers for croquet? . . . (contact St. Thomas').

The meat of the matter came on Sunday, when the question of a student organisation was discussed. The main bone of contention was not whether there should be an association, however loose, but under whose aegis it should be run:—under N.U.S., like N.U.S.H.S., or the B.M.A., like B.M.S.A. was. In the event, after much expenditure of hot air, and after many tails had been chased by their owners, both were thrown out of court. Any association should not use either organisation as sponsors. This decision limited what sort of organisation the association could have; the end decision was that it should take the form of bi-annual conferences organised by designated medical schools. As a sop to both sides and also because they might be useful, two N.U.S.H.S. and two B.M.A. representatives were invited to the conferences. These conferences are to have much the same structure and function as the one at Manchester. It was hoped that by having two conferences in the year, continuity would be maintained.

T. J. Palmer.

MESSAGE FROM THE DEAN

Since I wrote a message of welcome to the new students a year ago, four notable events have occurred: the first part of the Guy's Tower (including the new Dental School and Hospital) has come into commission; the Greenwood Theatre was opened by Princess Alexandra on 2nd September; Wolfson House now provides comfortable quarters for 210 of our students; and recently Lord Robens opened the Orchard-Lisle swimming-pool. The Tower represents phase two of the planned post-war rebuilding of the Hospital and has been paid for by the Department of Health and Social Security and the University Grants Committee with a contribution from the Guy's endowment fund; the other three developments are private ventures and demonstrate that the spirit of enterprise and generosity exemplified by Thomas Guy himself is still very much alive 250 years later in the Hospital he founded. All four buildings are the culmination of years of devoted work by many people and all will add comfort, amenity and opportunity to the lives of students entering Guy's in 1975. By contrast with these fine new buildings the inadequacy of our accommodation in the medical wards and at outpatients stands out more starkly and the replacement of these two important parts of the Hospital (phase three of the rebuilding plan) is our next major objective.

During the coming year we are to be honoured by two more Royal visits. On 9th December the Queen Mother, in her capacity as Chancellor of the University of London, will visit Wolfson House and unveil a plaque commemorating the occasion and on 6th May, 1976, the Queen will visit the Guy's Tower to take part in our 250th anniversary celebrations.

Students now starting the course in Basic Medical Sciences will benefit from the experience of their predecessors which has led to a number of changes, notably a reduction in the number of examinations. Seldom can one be so confident that a change will be welcomed. Those now entering the wards will be the first to follow the new clinical curriculum, which I hope and believe will prove to be better than the old one.

To all new students, both medical and dental, I send my good wishes for happy and successful careers at Guy's.

J. C. Houston.

GUY'S AT BAY

Next year, Guy's Hospital will celebrate its 250th anniversary and there is no doubt that never in recent times has its unity and excellence been so much in doubt. On every hand one hears complaints of gross inefficiency and lack of responsibility; most of all, there seems to be an increasing feeling of despair at, and then indifference to, falling standards of care. The filthy and unkempt

state of the Park and generally dilapidated condition of the buildings emphasise the failure of the new management to cope with the simplest tasks.

As if this were not enough, the moves to the Tower, due to be completed quite soon, will have a further divisive effect for those working there will tend not to mix with or even meet the rest of us.

"I shall take more killing than you think" wrote John Pudney of the lovers of beauty as the darkness of war descended on us and those who care about the noble humane enterprise that is Guy's will survive, no doubt, the present demoralising period. But we shall need our students and you will find that morale in the Medical School itself is high. An imaginative and broadly-based training awaits you, in which clinicians from the battlefront against disease will be present from the start. Social sciences will try to put you in the patients' picture and science itself, still the basis of medical thought, is the hard core. We hope you will join us in the fight, now truly joined, to keep Guy's as one of the best hospitals in the world.

G. A. D. Haslewood.

THE PHYSICS DEPARTMENT

I am pleased to have this chance to introduce the Medical School Physics Department to new Guy's students.

Like any University Department we have the twin functions of teaching and research. Undergraduate students may come to the Physics Department for three courses. There is the Preliminary Course in Physics for students without A-level Physics. This course is of a similar standard to A-level, but is specially adapted for medical and dental students. Then there is a short course for all medical students at the end of the Basic Medical Sciences period. This course is built around practical work on the use of physical techniques for clinical measurements. There are also B.Sc. courses for a few students who are particularly interested in Physics; and these include research projects in Physics applied to Medicine.

Research in the Physics Department is very varied and extensive and is usually done in collaboration with our medical and dental colleagues. This is particularly the case with blood flow measurements, into which a big effort is being put at present, and which impinge on a large number of diseases from heart failure to migraine. Another disease area is cancer, which is being studied by spectroscopic techniques. The list of research topics ranges from the abstruse- "Electron tunnelling and excitonic superconductivity in proteins" to the homely "Elasticity of human hair".

The Physics Department is part of the Division of Biological Sciences, which is responsible for teaching in Physics, Biology, Sociology and Statistics in the Medical and Dental Schools; and this organisation has proved its usefulness in providing efficient and effective courses in these subjects.

S. J. Wyard.

TEACHING IN THE PHYSIOLOGY DEPARTMENT

The aim of physiology is to describe in physical and chemical terms how tissues, organs and systems of organs work. Where the boundary lies between physiology on the one hand, and biophysics and biochemistry on the other, is a matter of convention. At Guy's we try to teach physiology in the way that is most relevant to medicine. For example, when the heart is the subject the information chosen for presentation is relevant to "heart failure", and the events occurring in other organs secondary to this. Knowledge about these causal links is reinforced by seeing typical patients. By teaching about the links, we hope to allow the student to think out what he would expect to see.

A large body of information is not necessary for the effective physiological analysis of clinical phenomena. To make this point we give only fifty formal lectures in the physiology course. The rest of the time is set aside for contact between students and staff in small groups—either as tutorials or practical classes. At the end of the course you should know from experience the rules of civilised discussion, and you should be able to distinguish a logical from an illogical train of thought on physiological topics. Faced with a situation in which you feel ignorant, you should have a framework with which to search your mind in an orderly way. Especially in physiology what you learn should not be limited by what you are taught.

All branches of medicine are changing rapidly, and the change will not stop when you graduate. So, as well as imparting what appear to be relatively unchanging principles, teachers have to encourage you to keep up the scientific background of medicine, of which physiology forms a large proportion. If you appreciate the evolution of knowledge in physiology you will understand why today's medical orthodoxy may be tomorrow's malpractice.

J. N. Hunt.

DEPARTMENT OF BIOLOGY

The courses provided by this Department range from that in General Biology, designed for Medical and Dental students who have not taken an A-level in this subject, to a Unit Course in Parasitology for the B.Sc. Degree and facilities for Post-Graduate work in Radiation Biology. In addition, members of the teaching staff take part in the two-year Basic Medical Sciences Course, especially in Cyto-Pathology and also in Genetics and in Human Reproduction and Development. There is also a two-week crash course for a limited number of students who have obtained high A-level grades in Chemistry, Physics and Mathematics but have only done Biology at O-level. Students who have already passed either A-level Biology or A-level Zoology or Cambridge Human Biology but are working for the

Preliminary Examinations in Chemistry and Physics are specially catered for both in lectures and in practical classes. For example, a special Lecture is given once a week which reviews some field of Biology which is not normally covered in A-level courses but which bears directly on some aspect of the Medical Curriculum. Some of the topics covered include Theory and Practice in the use of the compound microscope, phase-contrast microscopy, and other modern systems, including the Electron Microscope; Histogenesis, linking Embryology with Histology; Genetics, including simple statistical methods; Comparative Physiology; the Environment and its effect on Man and the effects of Man on the Environment.

Students may borrow books from the Biology Library providing they obtain a countersignature of a member of the academic staff. Current journals may not be borrowed, but may be read in the Biology Library during the times stated on the Biology Library notice board.

Students and others are always welcome to bring specimens of either plants or animals for identification, but verbal descriptions of something "seen" or, even worse, "a friend of mine asked me to ask you" are strongly discouraged.

The sea-water tanks in the Laboratory have a scientific purpose, namely to provide the right conditions for maintaining marine animals used for research in this or in other Departments. At other time the tanks provide a constant source of interest since "new" specimens of all sorts keep appearing and going through their life cycles—an instructive and fascinating study for biologists and non-biologists alike.

E. W. Baxter.

KEEP TAKING THE PILLS!

Pharmacology is the study of drugs. The subject is initially taught at Guy's in an integrated timetable with Anatomy, Biochemistry and Physiology. In other words, when students are learning about the structure and function of the lungs and the mechanisms of oxygen transport, they are also introduced to drugs which act on the bronchi and on the nerves which control breathing.

After the fifth term the subject is taught with particular emphasis on its clinical and therapeutic aspects. One of the difficult things about Pharmacology is that treatment is always changing, new drugs appear, and (some) old drugs get discarded. Unfortunately this process does not stop at qualification and doctors have to resign themselves to a continuous struggle to keep up with some of the recent advances. During the Pharmacology course the students may acquire knowledge of some of the basic principles of drug actions in which to slot more detailed information about drugs in the treatment of disease.

R. G. Spector.

FROM THE DEPARTMENT OF ANATOMY

Learning and teaching in University are sometimes a little schoolish—and in the worst ways. It is partly the result of the unavoidable disproportion between You and Us, which forces us into a "*Dare quam accipere*" situation—stultifying if one-sided, with Us on the "*Dare*" and You eternally on "*Accipere*".

But the differences between School and University are great, and, I would like to think, mostly advantages. Most who teach enjoy it and their students, but most university teachers are also engaged in research or enquiry of some kind, and they thus find a perennial refreshment in their discipline. The majority work with some enthusiasm in both spheres, but the balance naturally varies among individuals. Like their students, university staff are human. No one would expect, or like, uniformity in students. We also vary. Education is not effected by systems, by curricula, or educational technology, however much these may help. Education is communication between people, between some who usually do and certainly ought to know more and those willing to follow them in a common aim. It *can* be an infinitely enjoyable, stimulating, and ultimately useful experience—in both directions. Unfortunately it is at its best when it is two-way communication, with every opportunity for the to's and fro's of conversation. Even in the most economically successful state the ratio between Us and You can never be ideal—at least, not for much of our teaching time. The situation commonly varies from the lecture to the smallest tutorial group; but there are the individual contacts of the practical class and other possibilities. Make the most of them. Your teachers are almost invariably ready to talk of their own subject and research; and if they sense in you a similar capacity for enjoying the business of learning, they will almost always respond. Learning is communication, and communication is a two-way affair. It depends as much upon You as upon Us.

And remember:

"A little learning is a dang'rous thing;
Drink deep, or taste not the Pierian spring"!

Roger Warwick.

THE GORDON MUSEUM

The origin of the Guy's Pathology Museum dates back to the end of the eighteenth century. It started off in a very small way with a private collection of preparations of healthy and morbid anatomy collected by a post-mortem demonstrator, named N. Davy. The collection was added to by Astley Cooper and many other surgeons and physicians at Guy's until the beginning of the twentieth century, when it consisted of no less than 12,000 specimens.

In 1904, the collection was transferred to the present museum. The whole cost of this new building was met by Mr. Robert Gor-

don, a Governor of the Hospital, and was henceforth known as the Gordon Museum.

At the same time, Sir Frederick Wills, Bart. made a gift of the library to Guy's and the present buildings stand to this day to mark the generosity of these benefactors.

During its history a number of well-known medical names have been associated with the Museum as curators. Thomas Hodgkin was appointed in 1825; Samuel Wilks was appointed in 1857; Rupert Davies Colley was appointed in 1914 and Keith Simpson, who was appointed in 1946 stayed as Curator for no less than 19 years.

During the past seventy years the overall design of the Museum has been maintained. Changes, such as the addition of modern lighting and working surfaces along the gallery rails have taken place. The pathology collection has been reassessed so that there are now approximately 6,000 specimens of morbid anatomy with their descriptions and histories catalogued. The ground floor of each quadrant of the Museum has been adopted so that each has a specific purpose in providing additional facilities to assist in both group and self-teaching.

There is a lecture theatre seating 75 people, with slide projection, overhead projection, X-ray viewing boxes and a blackboard available. One of the quadrants has been converted into a reading and exhibition area, with seating for 48 people and with a large wall area for temporary displays of regular surgical and pathological demonstrations.

The other two quadrants house the wax model collection of Joseph Towne, both anatomical and dermatological. These will be upgraded by the coming Spring to house the collection more effectively and will provide additional self-teaching machines to compliment those already available. A collection of 45 tapeslide programmes is kept in the Curator's Room and can be borrowed at any time during the hours the Museum is open. The collection of programmes is constantly being increased under the direct responsibility of the Clinical Tutor. A list of the tapeslide programmes is to be found at the end of this article.

Of course no museum of this size can develop without it reflecting both the history of medicine and some of the great names associated with Guy's in particular. There is a small historical instrument collection, containing items used at Guy's and some which have been donated by former Guy's men. The Museum is proud to possess the original specimens of Hodgkin, Bright, Addison and Gull.

All the items contained in the Museum are extensively classified, both in order of systems and disease. All new specimens are photographed in colour, before being placed in the Museum and many of the older ones have been or are being photographed as the occasion arises. With the recent acquisition of the library of colour transparencies transferred from the Photographic Department there is now a collection of approximately 36,000 transparencies available to anyone as an aid to teaching.

We are fortunate that Guy's maintains such a facility, where we not only have a museum, which is architecturally attractive and probably one of the few remaining examples of its type, but also one of the largest teaching collections in the United Kingdom.

The Museum is open between 9.00 a.m.-5.00 p.m. from Monday to Friday. Facilities are available to anyone at Guy's and the staff are only to willing to be of assistance.

J. D. Maynard

TAPE SLIDE PROGRAMMES—GORDON MUSEUM

A—1 Heart sounds and murmurs (I-IIX)
120 minutes

B—1 How to read a chest film
Dr. L. Kreel, 17 mins.

B—2 The large homogeneous or confluent shadow
Dr. L. Kreel, 44 mins.

B—3 Hypertransradiancy of the lung
Dr. L. Kreel, 17 mins.

B—4 Nodular shadows in the lung fields
Dr. L. Kreel, 26 mins.

B—5 Emphysema and chronic bronchitis
Dr. Lane, 34 mins.

B—6 Asbestosis
Dr. A. Somner, 18 mins.

B—7 Sarcoidosis
Dr. P. O. Leggat, 17 mins.

C—1 Examination of the abdomen
Drs. Wittle & Javett, 22 mins.

C–3, 4 Cirrhosis
Dr. Holdsworth

C—2 Bowel sounds (in preparation)

D—1 Radiology of joint disease
Dr. R. Hacking, 18 mins.

E—1 Urinary calculi
Mr. Kinder, 18 mins.

E—2 Sexually transmitted diseases today
Dr. D. Oriel, 20 mins.

E—3 Gonorrhoea
Dr. D. Oriel, 21 mins.

E—4 Non gonococcal urethritis
Dr. D. Oriel, 22 mins.

E—5 Infective vaginal discharge
Dr. D. Oriel, 20 mins.

E—6 Homosexuality and its problems
Dr. D. Oriel, 20 mins.

F—1 Acute renal failure (I-IV)
Prof. Cameron, 20 mins. x 4

F—2 Renal immunology
Dr. Keith Peters, 48 mins.

G—1 Immune deficienly states
Prof. Lessof, 20 mins.

G—2 Henoch-Schönlein purpura
Dr. R. Jackson, 13 mins.

H—1 Introduction to endocrinology
Dr. J. Hadden, 18 mins.

H—2 Hyperthyroidism
Prof. R. Hall, 20 mins.

H—3 Acromegaly: A clinical approach
Prof. R. Hall, 38 mins.

H—4 Introduction to diabetes mellitus
Dr. J. Hadden, 35 mins.

H—5 Pituitary releasing hormones
Prof. M. Besser, 45 mins.

H—6 Gut endocrinology
Dr. S. R. Bloom, 40 mins.

I—1 Polycythaemia rubra vera
Dr. J. S. Malpas, 12 mins.

I—2 Treatment of acute leukaemia
Prof. Hamilton Fairley, 26 mins.

I—3 Treatment of Hodgkin's disease in 1974
Prof. Hamilton Fairley, 26 mins.

J—1 Examination of the Eye
Dr. M. Bedford, 20 mins.

J—2 The Red eye
Dr. M. Bedford, 26 mins.

J—3 "I can't see very well"
Dr. M. Bedford, 23 mins.

K—1 Lichen planus
Dr. E. Cronin, 35 mins.

K—2 Scabies
Dr. E. Cronin, 30 mins.

K—3 Generalised pustular psoriasis
Dr. T. Ryan, 28 mins.

K—4 Skin diseases and the eye
Dr. J. Gilkes, 18 mins.

L—1 Genetic disease—Part I
Prof. C. Havard, 19 mins

L—2 Genetic disease—Part II
Prof. C. Havard, 18 mins.

L—3 Principles of genetic counselling for dermatologists
Dr. Wells, 18 mins.

L—4 Epidemiological techniques
Dr. W. C. Nobel, 15 mins.

M—1 Total abdominal hysterectomy
Mr. Coltart, 12 mins.

N—1 Diagnosis of peripheral nerve lesions
USPHS, 20 mins.

Z—1 Prostaglandins in medicine
Dr. A. Bennett, 35 mins.

LIBRARY SERVICES OF THE MEDICAL AND DENTAL SCHOOLS

The library provides services for students and staff of the Medical and Dental Schools and for medical and technical staff of the Guy's Hospital group.

The Wills Library is on the ground floor of the main Medical School building and the new Dental Library for clinical students and staff of the Dental School on the 27th floor of Guy's Tower. In addition, there are reading places in the Gordon Museum and a study room on the second floor of the Newcomen Street extension building. Hours of opening are displayed at the entrances. The library aims to satisfy as far as is possible the information needs of its users either by providing material from its own stock or by borrowing from other libraries. However, it must be stressed that the library cannot be regarded as the sole source of textbooks and students must buy the essential works for themselves.

The bookstock consists of about thirty thousand books and bound periodical volumes, most of which are shelved on open access in the two libraries. All books, except those in the reference collection and old and rare works, may be borrowed. There is no restriction on the number of books that may be borrowed by a reader at any one time but the loan period is limited to two weeks. Suggestions for the purchase of books that would be useful additions to the library are welcomed. Periodicals are retained ordinarily for use in the library and photocopying facilities are provided.

In both libraries there are small collections of reference works, such as directories, dictionaries and yearbooks, and reference textbook collections, consisting of standard and heavily used textbooks. The short loan collections consist of a number of standard textbooks, of which multiple copies are provided mainly for use by students; these may be borrowed for one day (or from Friday to Monday).

There are a number of departmental libraries in the Medical School and Hospital. These libraries may be used by students for reference purposes if permission is obtained from the head of the department. Journals held in departmental libraries are included in a union list of periodicals compiled by the library.

The staff are pleased to assist readers in making the best use of the library's facilities and in finding any information they require. The library is governed by a committee under the chairmanship of Professor Hunt; membership of this committee includes representatives of the medical and dental students.

J. M. Farmer,
Wills Librarian.

Dr. COLIN HUNTER-CRAIG

I am sure that it will not have passed many students' notice that since the beginning of this month one very familiar face has been missing—Colin Hunter-Craig. Whilst he spent most of his time at Guy's amongst the deceased I am glad to report that he has not gone "full-time", but is enjoying a new post at the Royal Marsden Hospital.

Colin was educated at Dulwich College and later at King's College, Cambridge, before coming to Guy's in 1956 as a clinical student. Following qualification he undertook three house appointments at Guy's before leaving to obtain his initial training in pathology. He returned in 1965 as a Registrar in Clinical Pathology and later became lecturer in the Department of Forensic Medicine, obtaining the M.R.C.Path. in 1968.

During his long stay at the Hospital, Colin was intimately involved in the organisation of many clubs. He was President of the United Hospitals Hockey Club and a Vice-President of the Guy's club. He also held Vice-Presidencies of the Music and Gilbert and Sullivan Clubs.

His interest in Hockey deserves special mention as he was respected as a good and sometimes too unbiased a referee for Guy's liking—a remarkable feat for someone who had never participated as a player.

This ideal of fair play by all became more widely appreciated when he became the Secretary of the Clubs' Union in 1972. Colin quickly saw to it that the student body was seen to have a say in its own financial matters, and by outlawing external bank accounts—thus making club assets easily auditable, the constituent clubs were able to make a more appropriate apportionment of the funds. In 1974 he retired from this post after considerable hard work and achievement which culminated in the launching of the new Clubs' Union Constitution.

His involvement with the student body was, however, much greater. His lunch time post mortems were always succinct and not without humour. Similarly, he ran the St. Christopher's Hostel with a firm but friendly hand for the last five years of his stay.

By far Colin's greatest talent was his memory for names—he had the uncanny habit of knowing your Christian name and exactly who you were before you had any idea of his. Many graduates visiting the Hospital or H.O.P. remarked how such a personal welcome by Colin had rekindled their sense of participation in Guy's. Alas, this October's intake of freshmen and their successors will, albeit unknown to them, miss him.

M.J.G.

OBITUARY

J. C. HEWETSON

Dr. James Charlesworth Hewetson, who was in General Practice in Cheadle, Cheshire, died on 5th August, 1975.

He was born on the 11th October, 1900, and came up to Guy's in 1919, straight from Repton. He joined a group which had a considerable number of older men who had served in the "14-18" war but he managed to keep his end up very well. Coming from a soccer school, he played under those rules for the Hospital and before he left he was captaining our team.

On leaving Guy's he went to sea for two years—an interlude he looked back on with happy memories. On his return he joined the general practice in Cheadle in which he was to serve for the rest of his life. This might have been anticipated when he early on married the youngest daughter of the senior partner.

He was a general practitioner of the old school. He was devoted to his patients whom he looked after with a nice mixture of sound medical skill and common sense. He served for many years on the Cheshire Local Medical Committee.

"Jimmy" was a keen sportsman and when he had to give up team games he became a good golfer—a game he much enjoyed in his retirement. He died after a very brief illness.

R.E.L.

BOOK REVIEWS

"Planning Medical Care" by Kurt Schwartz. Pp. 235. Price £6.00. Published by H. K. Lewis.

This book has as its stated aim that of assisting doctors and other Health Care workers embroiled in the complex task of contributing to multi-disciplinary Health Care Planning. It is laid out in chapters but each is an easily read essay with many helpful diagrams. There are also some hard facts (but not too many for those who pall at the prospect of endless statistics) and useful references at the end of each chapter for those who want to read further.

The chapters on Defining Priorities and on Evaluation of Medical Services are particularly relevant at the present time of economic stagnation. Though a little over simplified—certainly for those specialising in Community Medicine—they should be helpful to all members of the healing professions, including those in training, who want to get a better understanding of Health Care Planning. The pity is that those who have already made up their minds will probably not bother to read this book.

J. A. D. Anderson.

"Community Health, Preventive Medicine and Social Services" by J. D. Meredith Davies. Pp. 510. Price £3.75. Published by Bailliere Tindall.

Since the last edition of this well known textbook the new local government structure has been established as well as the setting up of Social Service Departments and re-organisation of the National Health Service on a "co-terminus" basis. These changes are reflected in additional chapters on the Re-organisation of the National Health Service, Management, Measurement of Needs and determination of Priorities in Health Care. The section on Social Services has also been increased—as might be expected from an author who has changed his appointment and moved from a Public Health Department to become Director of Social Services. At the same time there has been little appreciable reduction in those parts of the book dealing with the Epidemiology of Infectious Diseases, Preventive Medicine and Environmental Health. The net result is that the volume has increased in size by nearly 200 pages. There is much factual detail such as the temperature required to disinfest clothing and the average I.Q. of a University entrant which make the book a useful work of quick reference for those who may not have the Statutory Instruments relating to such data immediately available. Countless facets of the Health and Social Services relating to such Bodies as Area Health Authorities, Community Health Councils and Health Care Planning Teams get brief mention. However, because of on-going changes some of the facts quoted are already out of date and others may well change before very long.

The number of topics covered and the brevity of some sections means that the book offers little to encourage students to think about the implications and interdigitations of the services which are described. However, in constant changing circumstances it is difficult to imagine a work which gives as much information at such a competitive price.

J. A. D. Anderson.

NOTICES

The Winter General Meeting, Clubs' Union

The Winter General Meeting of the Clubs' Union will be held at 1.00 p.m. on Friday, 14th November in the Ballroom, East Wing. Items for the Agenda should be sent to the Secretaries as soon as possible. All members of the Clubs' Union are strongly urged to attend.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date. Publication dates for the next three months are: 29th November, 20th December and 31st January, 1976.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notice 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

NOTICE

Competition

The following competition is open to all members of the Hospital and takes the form of an article entitled "A Conducted Tour around Guy's Hospital". As part of the celebrations of the 250th Anniversary of the opening of Guy's Hospital next year you have been asked to take a group of visitors (some professional) around the Hospital, for the day. Entries, of approximately 1,000 words, should be submitted to the Editor by 31st December, 1975. The prize offered is *A Short Textbook of Medicine*, 5th Edition (1975) by Houston, Joiner and Trounce, which will have to be reviewed by the winner.

GUY'S HOSPITAL GAZETTE ACCOUNTS, 1974

The Balance Sheet and Income and Expenditure Account of the *Gazette* for the year ended 31st December, 1974, are shown on page 320. The following points should be mentioned to help clarify the Income and Expenditure Account for last year.

1. The *Gazette* was without a Manager for seven months of 1974; this is reflected in the reduction of the Staff Salaries figure by £838 as compared with 1973. It should be remembered that this figure will be increased in the 1975 accounts, since a new Manager was appointed in August 1974.
2. Postage rates increased in 1974.
3. Printing charges increased in 1974, although the accounts show a reduction of £1,140 compared with 1973, the *Gazette* changed from being a fortnightly to a monthly publication in January 1974. The distribution costs have increased considerably due to increased postage charges. These figures have been considered very carefully and although Litho printing has been considered, no estimate has been received which can compete with the present Letterpress system and service offered by our present printers.
4. The Managerless seven months is clearly shown in the loss of revenue from advertising as no long-term canvassing of advertisers was undertaken. Since advertisers decide on their advertising budgets a year in advance the figures for 1974 suffered accordingly. This was not helped by the economic situation as advertisers reviewed their positions.
5. The sale of etching and Christmas cards increased when the present Manager started.

Income and Expenditure Account for the year ended 31st December, 1974

1973				1973			
£		£	£	£		£	£
386	Editors' Honoraria	545.17		4,242	Advertising	2,799.34	
50	Librarian's Honorarium	50.00		7,135	Subscriptions	7,398.11	
1,924	Management and Staff Salaries ...	1.086.19		223	Interest on Deposit—Gross ...	420.55	
224	Stationery, Postage and Miscellaneous Expenditure ...	349.54		253	Investment Income—Gross ...	491.30	11,109.30
7,841	Printing Distribution and Block Costs	6,701.83			Sales of :		
				32	Etchings	64.33	
111	Printing of Indices	130.65		41	Christmas Cards	138.04	
33	General and Water Rates	42.28					202.37
121	Cleaning	169.12		—	Miscellaneous Income		4.63
			9,074.78	100	Grant to Nursing Staff		—
—	Printing of Etchings	44.66					
—	Printing of Christmas Cards ...	70.20					
			114.86				
1,336	Excess Income over Expenditure for the year		2,126.66				
£12,026			£11,316.30	£12,026			£11,316.30

Balance Sheet as at 31st December, 1974

1973				1973			
£		£	£	£		£	£
	ACCUMULATED FUND :				INVESTMENT AT COST :		
9,993	Balance at 1st January, 1974 ...	9,993.39		4,996	£5,780.00 8½ Treasury Loan 1984/86		4,996.19
	Add Excess Income over Expenditure for the year	2,126.66			DEBTORS :		
			12,120.05	1,411	Advertisements, etc.		580.94
117	CREDITORS		738.47		CASH BALANCES :		
				3,000	Deposit Account—Bank ...	6,000.00	
				685	Bank Current Account ...	1,243.92	
				18	In Hands of Officers	37.47	
							7,281.39
£10,110			£12,858.52	£10,110			£12,858.52

NURSING

UNEMPLOYMENT AMONGST THE NURSES

In an industrialised society, the majority of the working force elect to work in the field of commerce whilst there is available employment, since the monetary rewards are greater, but despite the fact that there is very little satisfaction to be achieved. It seems that in times of plenty, most people are scornful of occupation which demands any more than minimal effort from the employees.

By contrast however, when there is an economic recession, attitudes amongst the population at large change remarkably. Work becomes scarce in industry, and there is an immediate turn towards those occupations which are considered safe. Numbered amongst these, are the so called "caring" professions, and nursing is one of these. This is particularly true in Ireland, where the number of young people wishing to train as nurses far outnumbers the available vacancies.

In recent months, it seems that there has been a sudden desire amongst many to become nurses, and hospitals which previously have found recruitment extremely difficult, are now receiving much larger numbers of applications. This is a true sign of economic difficulty, as well as denouncing any illusions of nursing being a vocation. There is also an affect in other directions.

Since the inception of the reorganised Health Service, financial resources have been severely curtailed. In fact this has occurred to such an extent, that there have been threats of hospital closures. This does not bode well for the nursing profession, and it could transpire that even in one of the safest occupations, redundancies may occur. It appears that some students have even been warned that they cannot be guaranteed employment after their training is complete. A somewhat strange situation in a profession which is notoriously lacking in numbers, and which is unable to undertake all that is requested to such an extent, that many hospitals have for years been enforced to close wards. In addition to all this, even if Mrs. Castle does give any reprieve to the agencies, the hospitals are unlikely to have the funds to employ them. Many agencies are doomed to closure, and then, one wonders, what will happen to the politicians when they are sick?

Some interesting facts emerge from this situation. In the first place, people who under normal circumstances would denounce nursing completely, are now eager to join the ranks, as there is no other employment. Furthermore, the activities of Lord Halsbury, may have caused an improvement in recruitment, since nurses are now among the better paid, and a ward sister, now receives a higher salary than a secretary. Another aspect, is that the entry requirements are sufficiently low to attract a wide variety of applicants, who would not qualify for other occupations.

The unfortunate part, is that when the economy returns to a more favourable situation, all the new recruits will abandon their nursing careers, in order to gain a greater financial reward, for less effort elsewhere. A cynical view no doubt, but possibly true.

RADIOGRAPHY

STILL MORE FRESH FACES

Freshers' Week has come and gone and the majority of the year's new students have been at Guy's for about a month, and are settling down to the serious and not-so-serious aspects of student life.

However, there is one group of students still wandering and looking, as well as getting lost. The new intake of Radiography students arrived on October 20th, consequently this small band of apparent late comers is not yet used to the special Guy's style of life in the big bold world outside School, but, if they bear any similarity at all to previous sets they will quickly overcome this handicap. The newness of their uniforms will disappear—with the laundry at work their uniforms might disappear! The strangeness of the surroundings will also vanish but I hope the interest in radiography and the Hospital will remain and be increased by enjoyment of their life as radiography students here.

There will be one group of students only too willing to initiate the newcomers in the "act" of being junior student radiographers. That group is, of course, last year's junior students who have just survived, successfully we hope, the obstacle course put in the path of all who wish to become senior students, namely the Part I examination for the Diploma of the Society of Radiographers. These exams, together with Part II, or final exams are held in mid October and mid April with the majority of candidates sitting the October exam, which results in many happy helpers to show the newcomer just what being a radiography student entails.

Examinations mean that soon afterwards results come, although in radiography there is a wait of approximately 5 weeks before results are published which means that I cannot just yet welcome to the staff those who will stay on after qualifying, but must wait until early December. In the meantime the senior students remain in Guys, which should ease the burden on both Medical X-ray and the Radiotherapy Department to some extent.

Meanwhile, the *Freshers*, who do not yet have all these problems to worry about are trying to decide if being a radiography student is anything like the student life they were led to believe in when at school. Where are all the Union meetings, where are all the sports and social clubs that their ideas of student life led them to expect? Our *Freshers* are not the only radiography students with this problem. It appears to be general throughout the country.

Radiography students have a great problem in trying to persuade other student bodies to accept them as *bona fide* students. The physiotherapy students are accepted but the radiographers always seem to get left out in the cold. Being a radiography student can be hard at times but it would seem much easier if others recognised the students as students—the country classes them as such for grants. So please student representatives and club secretaries help us to make the '75 set of radiography students feel really as though they do belong.

PHYSIOTHERAPY

The physiotherapy *Freshers* who started their course on September 24th are the first to be following the new curriculum. Unlike their predecessors, they will not begin to treat patients until the beginning of their second year, and their qualifying examination will be at the end of the third academic year instead, as hitherto, of the November of the third year. Consequently, the course will be some four months shorter, and the overall number of hours spent on clinical practice will be less.

In place of the present Preliminary examination (at eighteen months), Intermediate (at thirty months) and Final (at thirty six months), two external examinations will be held. The Part I will be in Anatomy and Physiology only and comprise a 1½ hour MCQ test, a 2½ hour paper with 8 compulsory short-answer questions, and a 20 minute viva. This is to be held in June; that is towards the end of the first academic year.

The Part II is to be held in the May and June of the third academic year, and will comprise a 3 hour paper with ten compulsory questions and a second 3 hour paper in two sections, one in which two questions from a choice of four must be answered, the other in which a longer essay must be written, chosen from topics which will be known to the students beforehand. Additionally, the candidate will be asked to assess a patient, whose diagnosis will be given, and to discuss her findings with the medical and physiotherapist examiners.

In between these externally set and marked examinations, a continuous assessment process will be operated, and entry to the qualifying exam will be contingent upon satisfactory results in a proportion of these assessments. It remains to be seen whether or not this system will prove a more reliable test of the fitness to practise of this "guinea-pig" group of young women, and final judgement must be deferred at least until the Summer of 1978 when the first batch of qualifiers enter departments.

As matters stand now—and there is little reason to believe that they will change dramatically within this period—they will experience no difficulty in finding employment. A prevailing shortage of betwen 25% and 30% exists over the country as a whole, although there are regional variations. The situation in London is not so acute as it was a year ago when the physiotherapy departments of even the major hospitals were operating well below full strength, but nevertheless a good qualifier can expect to have her application treated to a prompt response and invitation to attend for interview at the least.

In the Guy's District at present there are six vacancies for junior staff and by the year's end, when the Finals results will be published, it is expected that this figure will be higher. However, we have reasonable prospects that we will be able to fill most if not all of these posts. This will still leave some senior posts unfilled, but that's a different problem.

CORRESPONDENCE

F. H. Brain

SIR,—I should be most grateful if you would allow me to express my sincere gratitude to all who contributed so generously to the gift which I received on my recent retirement and to the many who wrote letters of good wishes.

Yours faithfully,

F. H. BRAIN,

24 Vine Court Road,
Sevenoaks,
Kent.

Dr. J. M. Fullerton

SIR,—I wish to thank all my friends from the Guy's Hospital Group who gave me such a splendid "send off" on my retirement at St. Olave's Hospital.

I would also like to record how much I have enjoyed my association with Guy's, in particular my involvement with the students who came down to St. Olave's Hospital over the past years.

Yours faithfully,

JANE FULLERTON,

The Causeway,
Oaklands Road, Bromley,
Kent, BR1 3SJ.

Sister Johnson

SIR,—I would like through the medium of the *Gazette* to thank all my friends who contributed to my leaving present. I should have liked to thank you all personally, but that would be a rather formidable task.

I do hope to see you all from time to time at the various Guy's functions and reunions.

I would also like to thank many Guy's friends in the various departments for their help to me throughout the years.

Yours faithfully,

ELIZABETH P. JOHNSON.
(*former Sister—Dental*)

Thatchings

SIR,—Now that "Thatchings" is to close, may I thank Mr. Tony Askew and the Trustees for their generous help with our efforts to prolong the life of this unparelleled amenity.

On behalf of those guests who have been regular visitors since the war years, of those made welcome over a mere seventeen years, and of those who have visited this delightful house perhaps just once, may I record thanks to the previous wardens, and especially to "Janet" and the present staff for their remarkable kindness always (and sometimes extreme tolerance!).

I cannot confirm that an American buyer is to reconstruct the house in South Bermondsey together with part of the Bognor beach, and to have the Thames diverted accordingly, but I can confirm that the kindness of the Askew family has given many week-ends and holidays to remember to "Guy's Men and Women" for nearly thirty years.

Yours faithfully,

Dental Department,
Guy's Hospital, London, S.E.1.

MALCOLM BURKE.

Reflections

SIR,—With which part of the anatomy does Dr. Winter customarily address his companions? We, of the antipodes, stand in the posture which he describes (relative to him) and have not noticed this phenomenon. Now I think it is fair to assume that one can rotate a mirror about a horizontal axis passing through the centre of the mirror and the centre of the object without in any way altering the image; and this applies whatever posture the object may have taken up at the beginning of the experiment. In other words relative inversion of the mirror and object makes no difference to the image as seen by the object. However, should Dr. Winter have his face pointing in the same direction as the companion with whom he speaks, it may be assumed that this argument is correct and we will imagine therefore that he stands on his head facing the same way as his companion and (presumably) in front of him. This clearly not only makes sense of, but adds point to, his argument.

Yours faithfully,

DR. D. J. WOOD,

Florida Arcade,
Terrigal 2260,
N.S.W., Australia.

Thamesmead Open Day

SIR,—As the "enterprising female dentist" mentioned in your article entitled "Thamesmead Open Day", I feel I must correct the report given of the dental services provided in the Lakeside Health Centre. The service started with the medical service in 1969. The total staff consists of 30 people of whom 13 are clinical operators. There are four *full-time equivalent* dentists and two full-time New Cross dental auxiliaries. It is the dental auxiliaries whose work is split 6:3:1 (Conservative: Preventive: Dental Health Education), but I fail to understand the quoted one session commitment to "Dental Health etc."

I hope the many visitors on Open Day who read the displays containing this information, found them more intelligible than your reporter did.

Yours faithfully,

MS. D. PLAMPING, B.Sc., B.D.S.

Community Dentistry Unit,
15 St. Thomas Street,
Guy's Hospital
London Bridge, SE1 9RT.

Phlebotomists

SIR,—Why doesn't Guy's Hospital employ phlebotomists? It is an interesting question, and the only reasonable explanation is that Guy's Hospital has a large number of medical students who can do this job, receive no payment, and so save the Hospital a large sum of money.

Phlebotomy is part of the management and care of the hospital patient and is the responsibility of the hospital and the N.H.S. and not the responsibility of the University and the medical student. Therefore, there is a need for phlebotomists which the administration must recognise.

In running any service, staff and money are required. In a time of unemployment, staff are easy to employ if the salaries and hours are reasonable. The Greenwich and District Hospital already employs phlebotomists, so I suggest that Guy's looks to them for advice in staffing and training.

Medical students, like other university students, receive a Local Authority Grant which is an educational grant and is not a grant to enable them to do unpaid work within the N.H.S.

Yours faithfully,

DAVID WILKINSON.

East Wing,
Guy's Hospital, London, S.E.1.

Lectures in Clinical Pharmacology

SIR,—I am writing to ask you on behalf of the more senior students to let me know their requirements for Clinical Pharmacology tuition. As you know, we used to run an annual course of lectures in Clinical Pharmacology which most students attended during their second clinical year. I know that some students used to find it difficult to come to the lectures, particularly in the summer term when they had commitments elsewhere.

The curriculum has been reorganised so that there is now a "Basic Series" of lectures in Clinical Medicine, and an "Advanced Series". We shall be making contributions to both these courses which will be covering the subjects from a multi-disciplinary approach. It may be that there are some areas which have not been covered by those students who have had part of their training in the old course. We propose to run a special series of lectures towards the end of the three years of clinical training which will cover topics such as drug metabolism, bio availability, and drugs in the elderly. We can include any other topics that people have missed in this course which will be held well before the final M.B., B.S. exam.

I wonder if those students who feel that they have missed out on Clinical Pharmacology could write to me, stating what areas they have not covered, the date of their final exams, and some suggested times and dates in the spring term 1976 when these areas can be covered.

Yours faithfully,

DR. R. L. PARSONS,
Lecturer in Clinical Pharmacology.

Department of Clinical Pharmacology,
Guy's Hospital,
London, S.E.1.

Nurses' Accommodation at New Cross

SIR,—I am writing to bring to the attention of your readers the living conditions for student and pupil nurses in New Cross. Could any of the medical staff at Guy's function either mentally or physically under such living conditions?

Many of the rooms have no wash basins: ablutions have to be carried out in wash and bathrooms which could well be exhibits in the "V. and A." Another feature is the absence of electric plugs, and the small mat in the middle of rooms as the sole comfortable floor covering. The furniture too is dark and depressing. What a change after the good conditions in the Nuffield Nurses' Home !

Nobody expects the Ritz—but nurses' work is hard and like everybody else they need somewhere comfortable to come home to. Make no mistake—this is "home" to many of the nurses whose own homes are too far away to visit on days off.

Please spare a thought for nurses there and let us try to have something constructive done to improve conditions and give real meaning to the word "home" in New Cross Nurses' Home.

An unhappy cold nurse is less able to cope with work than he or she should be, and can affect his or her work, in extreme cases this can affect patients which is the last thing that any of us want.

Yours faithfully,

JANIE F. THOMSON.
Pupil Nurse.

102a Brockley Rise,
Honor Oak Park,
London, S.E.23.

The Future of the Inter-Hospital's Stroll

SIR,—A meeting was held at the Park Royal Guinness Factory on 25th September, 1975, following the recent announcement that Guinness no longer feel able to sponsor the Annual Stroll. Guinness invited representatives from each hospital to discuss alternative sponsorship schemes.

The company are unable to continue to sponsor the stroll for the following reasons :

(i) The financial burden of sponsorship, which will amount to about £10,000 this year. This is a three-fold increase in expense since the stroll began a few years ago. 70 per cent of this expenditure is used to entertain the successful strollers to luncheon at Park Royal. The Guy's representative pointed out that the luncheon, while being most enjoyable, was not an all-important aspect of the stroll, and that many students would remain keen strollers without it.

(ii) In recent years there has been increasing protest from the land-owners, through whose grounds the public footpaths pass. Colonel Wallis has been able to keep the peace in this respect up until now, but is retiring this October and will no longer be able to continue his diplomacy. The meeting felt that such damage was inevitable due to the numbers of strollers and very little could be done about it.

(iii) The Medical Sickness Society who have been co-sponsors of the stroll are withdrawing their support. They provided many voluntary helpers, without whose help organisation would be very difficult.

Arthur Guinness and Co. Ltd. would, however, like to continue to sponsor a somewhat more limited inter-hospital event.

It was suggested that the sports facilities shared by four of the hospitals at Cobham, in Surrey, could be used to hold a semi-frivolous, semi-competitive event with about 30 competitors (selected by ballot from those interested) from each hospital. The event would take the form of "It's a Knock-out", and the B.B.C. are being contacted concerning loan of material and publicity.

Guinness will provide food and alcohol refreshment for the competitors on a similar basis as for the stroll. It is hoped that the event can begin in May 1977.

We should like to take the opportunity on behalf of the strollers from Guy's over the years to thank Col. C. Wallis, on his retirement, for all the work he has put into it.

Any comments concerning the new arrangements would be most welcome either via the *Gazette* or to us personally.

Yours faithfully,

DAVID J. COLE,

THOMAS R. D. BELL.

55 Kempshott Road,
Streatham,
London, S.W.16.

Experiences in the Spit

SIR,—I was particularly amused to read of the experiences in the Spit of your good friend, Magnus Bore, as the other day I came across a page of the *Gazette* of 1953, which I had kept because it included a small offering of mine entitled "Lines written on eating my one-hundredth individual steak pie". It would seem that little, except of course the price, has changed in that time.

Yours faithfully,

The Surgery, 21 Fairlands Road,
Worplesdon, Guildford, GU3 3JB, Surrey.

K. A. HILLARD.

P.S.—For your interest it was page 439, 14th November 1953, I guess, (as the "50 years ago" feature above it refers to 7th November, 1903). The word hygienic would appear to have been mis-spelt.—K.A.H.

Feedback Your Sign-Ups

SIR,—The new medical curriculum at Guy's has hopefully not only made a better teaching course but has also created a greater appreciation of the problems involved in medical tuition.

Such a curriculum, it must be agreed, can only form the framework of medical education. The actual knowledge, understanding and enjoyment a student gets from his course depends not only on himself but on his tutor's ability and enthusiasm for teaching.

Might this be the time to consider the introduction of a sign-up system for consultants and registrars, given by their students? Such a system, probably based on the old C1 to A5 sign-ups, would not be intended as a judgement of our betters but as a positive feedback mechanism by which tutors might improve their teaching sessions. If this feedback could be achieved the result in the standard of education would be far greater than that produced by any change of time-table.

Yours faithfully,

STEPHEN KILLICK,

East Wing,
Guy's Hospital,
London, S.E.1.

Revival of the Motoring Club

SIR,—I wish to announce the revival of the Motoring Club, which I am told has been out of existence for at least the last five years.

If enough people are interested the club will become official and registered with the R.A.C., and we might even get a grant from the Club's Union.

The activities of the club will be a mixture of the following, and probably, extras on top :—

Films on motoring and rallying;

Talks on navigation and rally technique;

12 car rallys;

Treasure hunts;

Auto tests;

Production car hill climbs (if possible);

General meetings (over a drink or two) where you pick up and give ideas about such things as the type of tyre to use on your car;

It will probably be possible to make lists of such things as : discount stores, firms which deal direct, and shops which give discounts if you display their name on your car;

There are also free motoring magazines from various companies.

I must point out that one does not necessarily need a car to join as just as much fun is got from navigating and marshalling. This fact I know for certain as I have not as yet driven in a rally due to the fact that I used not to have a rally-able car. So motor cyclists can join as well.

So if you didn't come to our meeting on 23rd October and would like to join us, come along to any meeting. Dates of meetings will be posted on the motoring notice board near the snooker room.

Yours faithfully,

GRAEME BUNKER.

East Wing,
Guy's Hospital,
London, S.E.1.

SPORT

Commentary

Guy's is certainly buzzing with activity in the Sports Sphere although success is varied. The 1st XI Hockey put up a creditable performance against Old Heathians in their first Truman League match—a well taken goal by Jonathan Vafidis in the first half was enough to secure Guy's first win in England for a year, but he and nine other players were outshone by a superb performance from centre-half Chris Hendy. Rackets-wise, most of the present Badminton team are apparently about to be ousted by a number of very good new players. The Squash Club, too, also seem to have a good new intake of players—very important at this stage, now that a number of the first team are on the point of departing. The Rugby Club's run of three consecutive wins by the 1st XV appears to have come a little adrift as they have lost the last four games, albeit against strong sides. Here again, there does not appear to be a shortage of new players.

Honor Oak Park is, as is now usual, looking very nice and the pitches are better than ever. During Freshers' Week, a Disco was held and the Clubhouse was packed. Not only was that nice to see, but everybody could "do their own thing" and actually were: dancing in one area, sitting chatting in another, and even "boat races" in another; some people are enjoying life!

RUGBY

Thatchings Weekend 6th—7th September

This was an excellent opportunity for the Rugby Club to revive old friendships and restore flaccid limbs. The weather was kind and permitted sundry entertainments, not least some vigorous training conducted by the new captain, Brendan Hagan. The impending closure of Thatchings cast a shadow but did not detract from the excellent hospitality enjoyed by the club, almost certainly for the last time.

The week-end was concluded with a match against Bognor. It was difficult to make any predictive evaluation of Guy's performance since the forwards were not present in strength. The pitch was hard and ideal for fast running. On the whole the backs produced an effective display, marred by an understandable reluctance to tackle. The pack were much less impressive and gained very little good possession. Notably, the scrummaging was disastrous. Despite these deficiencies Guy's won by 26 points to 16. Tries were scored by Portelly, West, Emery and Campbell. Danford converted three of these.

Although there were few players who did not appear for the first fifteen last season, this is a more mature side which will probably do surprisingly well.

Thatchings party: J. Brazier, L. Hughes, B. Hagan, T. Gibson, R. Lawes, H. Longton, P. Emery, S. West, J. Harker, A. Campbell, T. Stanley, A. Portelly, N. Singer, M. Danford, with Vernon, Gary and Keith.

T.G.

Guy's 1st XV 22 vs. Bromley 9

13th September, H.O.P.

This was a good beginning. At first revealing a lack of confidence, Guy's eventually amassed the necessary points. In the first half there was little to choose between the sides and Bromley scored first with a simple penalty. The Hospital persevered and at half-time led by 12—9. Again, the major defect was in Guy's scrummaging. The back row produced some fine covering and showed a willingness to initiate moves altogether lacking a season ago.

In the second half, Bromley appeared jaded and rarely threatened the Guy's line. Meanwhile the home side gained in confidence and there were some impressive breaks by the centres. Hughes scored twice, the first time when the ball rolled to his feet behind the line and the second after some firm running. Campbell added another try after an elusive sprint and Danford dropped a neat goal in addition to succeeding with two conversions and a penalty. The final result reflected Guy's superior fitness, an unusual and encouraging phenomenon at this stage of the season.

Team: T. Want, T. Gibson, T. Hutchinson, P. Loxton, J. Rook, J. Brazier, B. Hagan, L. Hughes, R. Laws, M. Danford, A. Campbell, P. Emery, A. Portelly, T. Stanley, J. Harker.

T.G.

Guy's 1st XV 22 vs. Purley 21

17th September, H.O.P.

The game began badly for Guy's. Lethargic in defence and attack, handling badly and lacking any clear sense of purpose, it was reminiscent of performances a year ago. Purley seized their chances and at half-time led 12—6. After the break, they sustained their pressure and gradually increased their lead to 21—6. Most of the tries followed tragic mistakes by Guy's and with a 15-point deficit the situation appeared quite hopeless. Not so.

Showing a new determination and a remarkable spirit, the Hospital pack revitalised the game. Chasing every loose ball and rucking with vigour they eventually found a scoring position. Hagan dived over after a tap penalty and the revival was under way. Another try was scored by Campbell after Portelly broke free and turned inside. Hutchinson added to the total by thrusting down the touch-line and forcing his way over. Danford converted twice and kicked two penalties in the first half.

Special mention must be made of John Rooke who made his last appearance for Guy's. As a player and official he has made a significant contribution and his services will be missed.

Team: J. Brazier, T. Gibson, T. Hutchinson, D. Loxton, M. Minogue, L. Hughes, B. Hagan, J. Rooke, R. Laws, M. Danford, G. Owen, A. Campbell, A. Portelly, T. Stanley, J. Harker.

T.G.

Guy's 1st XV 3 vs. Blackheath 19

20th September, Rectory Field.

Neither side deserved much credit in a dull and uninventive game. Guy's failed to take advantage of innumerable Blackheath handling errors and Blackheath failed to capitalise on their forward superiority. There were some bright moments for Guy's, the pity being that they were sporadic. On the whole, the Hospital defence was suspect and it was only last minute tackles that prevented a wider score margin. Loxton was an exception in this respect since he several times chased and unequivocally bowled over the opposition.

With limited possession the Guy's backs did not have much opportunity to show their capabilities in attack. However, on the few occasions when they might have impressed, they were ponderous and taken out of their stride. Harker illustrated how strong running can disrupt opposing players when he several times gained 30 yards or more by sprinting at the Blackheath players.

Danford might have made the result less certain if he had succeeded with three relatively simple penalties. His success with a fourth constituted the only Guy's points. By contrast, the Blackheath kicker converted two tries from the touchline and so managed to deflate Guy's spirit a little more.

At half-time the score stood at 13—3. In the second half Guy's had the opportunity to beat Blackheath, something not achieved for several seasons. If only the team could have mustered a little more effort, believed a little more in their ability and had a bit more luck they would have been set for an epic season. As it was, the final score was a good deal closer than for some years.

Team: R. Cording, T. Gibson, P. Hutchinson, J. Burgess, P. Loxton, B. Hagan, L. Hughes, J. Brazier, R. Laws, M. Danford, A. Campbell, P. Emery, A. Portelly, T. Stanley, J. Harker.

T.G.

SOCCER

Guy's 1st XI 4, King's 1st XI 6

20th September, Pre-season friendly

This is a typical pre-season score and it came at the end of a very pre-season sort of a match. Guy's will have to do much better than this when they open their new league programme, back in the U.L.U. league after an absence of several years.

The game started 20 minutes late after Trev. Underwood and Paul Keen had missed several buses in quick succession, and on a very warm September afternoon Guy's were slow to find their feet. So slow, in fact, that they found themselves trailing 0—4 at half time thanks to some defensive lapses and some uncharacteristic sloppy handling by the otherwise impeccable Rod Robinson.

The second half started with Dave Kipling back in position at left back. He arrived in the midst of the oranges after a £3 taxi ride, looking breathless and suitably apologetic. He spun quite a good yarn about a fight on the tube at Brixton which was accepted in the benevolent spirit prevailing at H.O.P. on Saturday.

Guy's now seemed to remember that they were in a footbal match. Trev. Underwood began to look more his old self and he and John Karani started to pull things together in midfield.

Suddenly Steve (Luigi) Evans decided to join in the action and banged in three goals in as many minutes—the first a long range flighted drive after beating a defender to a loose ball, the second a well hit ground shot from an impeccable pass by Kipling, and the last a superbly glanced header from an ectopic Karani shot. Although King's grabbed another goal, Guy's came back to 4—5 when Evans beat his full-back on the right and pulled the ball back for Wilson. Ian was obviously tired by his efforts of the previous Wednesday and his dominating play throughout this game. His shot trickled to Keen who slotted it home.

Guy's all at once were back in this match and were desperately unlucky not to equalise when Evans beat the 'keeper after a good run only to see his shot come back off the post.

Meanwhile at the other end the Guy's defence had come into its own. Geoff Trotter was marshalling his offside trap beautifully and Cliff Murch was getting everything in the air. Ken Brame, unusually devoid of his characteristic thuggery, marked his winger out of the game until he decided to sit on the pitch and let the King's man score a sixth and rather undeserved goal.

Not such a good result then, but the team is as yet makeshift. There is certainly a promise of better things to come this year, and we only await the return of Greg Tamlyn from the delights of Wolverhampton and Roger Cole from his plaster of Paris to see some good results materialise.

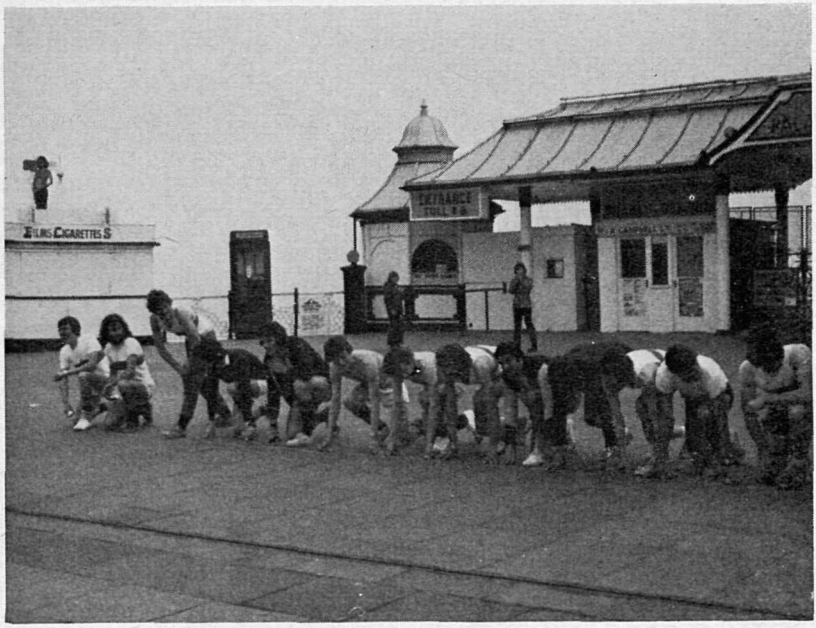
Team: Robinson, Brame, Trotter, Murch, Sheridan (Kipling), Wilson, Karani, Keen, Evans, Redfern, Underwood.

S.F.E.

GUY'S HOSPITAL BOAT CLUB
SPONSORED RUN

Towards the end of April, the Boat Club held a sponsored run from the Palace Pier Brighton to London Bridge. The runners and helpers assembled at the Hospital at about 6.30 a.m. on a damp and overcast Saturday. After some last minute arrangements had been finalised, the competitors ran off to catch their train, amidst cries of "See you at Eastbourne !" and a lot of laughter.

There was considerable activity at the pier and the runners quickly disappeared down below to change and to apply various lotions, powders, plasters and bandages. Up above, a select gathering of Guy's men and women were keeping a local policeman company. Eventually the sixteen athletes emerged. They were poised and looking confident. The starting line was approached, and at the drop of our President's handkerchief, accompanied by the cheers of the crowd and the screams of the gulls, the event was under way.



The course was long and arduous as the main roads were avoided. Tables were positioned at about every five miles—manned by supporters, physios and photographers. Gradually the field spread out, and thinned too, as the ceaseless poundings caused knees to swell, and feet and legs to seize. The physios worked hard to maintain some runners on the road, their copious applications of horse linament keeping cramps, and the vast majority of living organisms, at bay.

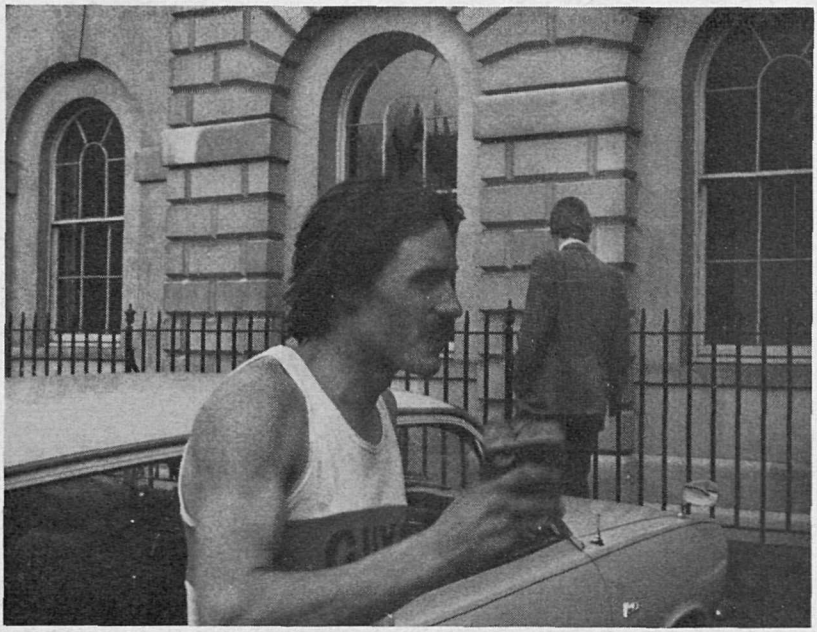
In the end, seven runners completed the entire course of some 60 miles and most of the remainder reached the Croydon area. The run was a great success and a lot of fun (for some).

We would like to thank most sincerely all those people who helped in any way. The response was tremendous and considerable time and effort was freely given by numerous people whether Boat Club members or not. In the end we raised £450, most of which went towards buying a training boat for the club. It is hoped, by some, to make the run an annual event,

The tankards which we promised to those finishing were presented on Sunday, 19th October, at the Boat House. This is also the provisional date of our own regatta.

Finally, we still have quite a few copies of the Boat Club History, price 50p, for sale. These are available from P. Rosie or G. Mason in the East Wing.

P.R.



President's Impressions

Saturday, 26th April, 8.30 a.m., Palace Pier, Brighton; a large gathering of Guy's men and women, Basil Pett, a Guy's local J.P., a friendly policeman. This was the start of the Guy's run, the competitors sponsored in order to collect money for a badly needed new boat.

Sixteen competitors from various Guy's clubs. They firmly turned down the suggestion that they should emerge from the sea waves like Venus (there were no girls) and the policeman rejected the idea that he should run them out of town. Off they went with a cheer. Ditchling Beacon and six miles the first halt. Orange juice and Dynamo, plaster and bandages and very attractive massage girls, the field already spreading out. And so with organised halts the competitors made their painful way to London. Some fell by the wayside, knees as usual being the cause. Julian Hancock however reached Guy's at 7.30—10 hours and spent the evening dancing. He was followed by Steve Durham, Pat Bolton and Andy Johns.

Altogether it was a most encouraging display of organisation and fortitude which deserves every encouragement. If anyone feels moved to make a contribution towards the Boat Club for their boat it will be gratefully received by Peter Rosie, East Wing.

J.M.

CRICKET

A Dental Student XI v. A Dental Staff XI?

Sunday, 20th July, at H.O.P.

STUDENTS: 146 for 7 in 30 overs; STAFF: 105 for 12 in 29.3 overs!

The staff's plan to "Adopt-a-student-and-make-him-drunk" got off to a bad start as the latter side arrived sober only five minutes before the start of the match.

The students batted first and good bowling spells from Danford, McDermott, Oram and Ramsay, initially kept the run rate down and provided a regular harvest of wickets; the score being 77 for 5 at one stage.

This regular fall of wickets gave a tipsy staff side much cause for comfort, not least because it gave them frequent opportunities to relieve themselves in the bushes whilst the new batsmen came in. As the sixth wicket put on 57 runs the physical discomfort can be imagined.

The students' middle order batsmen got on top of the bowling during worsening weather and pushed the score along to an impressive 146 for 7 in the allotted 30 overs. A well known Irishman, bowling Bog-Cutters, bravely tried to stem the run rate. This was to no avail and Smith hit the only "six" of the match. Steel, Burgess and Smith were the most successful batsmen; the latter playing a real captain's innings of 53 not out.

After tea the weather improved remarkably as the staff endeavoured to get going but applied as much concentration to the task as the commuter who insists on looking at the underwear advertisements whilst running down the escalator. The required scoring rate was never achieved and wickets fell regularly, chiefly because of good catching.

Officially the game should have ended when Brown was out at 83 but as there were still several overs left, two extra batsmen were recruited, padded up and boxed in, in the hope that the students could not count! However the staff innings was exterminated at 105 for 12 wickets with three balls to go. Humiliation indeed!

Once again there was a good undefeated captain's innings: Hunt scoring 32 not out.

Everybody had had a good laugh and that was the reason why the game was played in the first place.

Student Team: A. Smith (Capt.), J. Ireland, J. Harker, C. Woodward, R. Rajarayan, J. Burgess, R. Steel, A. Markham, A. Campbell, J. Serenji, R. Beioley.

Staff Team: N. Hunt (Capt.), M. Danford, D. Oram, H. Coonar, D. Ramsay, A. Stewart, W. Binnie, P. McDermott, D. MacPherson, T. Barnes, I. D. Brown, S. Hunter, A. N. Other.

Umpires: Prof. W. J. Tulley, N. Fisher, P. Sheppard.

I.D.B.

NOTICE

BLUES COMMITTEE

There will be a meeting of the Hospital Full-Blues to elect a new committee for the year 1975-76 on Thursday, 13th November, at 5.30 p.m. in the East Wing Committee Room.

The new committee will then consider nominations from the summer sports clubs. These should be sent to the Secretary by Monday, 10th November.

W. J. Gleeson,

Secretary, Blues Committee.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

GUY'S HOSPITAL

Allocation of Medical and Surgical Registrars 1975/76

To take effect from 6th October, 1975

Medical Registrars

Dr. Mann, Dr. Scott and Dr. Joiner	Dr. D. A. Jones (until Feb. 76) Dr. W. J. Grabau (from 1.2.76)
Dr. Hardwick, Professor Keen, Professor Lessof and Dr. Dowling	Dr. J. D. Powell-Jackson
Dr. Houston, Professor Trounce and Dr. Knight	Dr. G. M. Cochrane
Dr. Dowling	Dr. P. Isaacs (until Feb. 1976) Dr. D. A. Jones (from 1.2.76)
Endocrinology and Nuclear Medicine	Dr. J. Bingham
Clinical Toxicology and Intensive Care	Dr. P. Crome
Cardiac Department	Dr. M. P. Greenberg
St. Olave's	Dr. J. A. Vale Locum until Dr V. H. C. Bramwell commences
New Cross	Dr. S. M. Bateman

Junior Medical Registrar

Dr. Mann, Dr. Scott and Dr. Joiner	**October to March** Dr. W. A. C. McAllister **April to September** Dr. A. M. Weindling
Dr. Houston, Professor Trounce, and Dr. Knight	**October to March** Dr. J. G. Prior **April to September** Dr. D. J. Scott
Cardiac Department	**October to March** Dr. S. J. Brown Vacant **April to September** Dr. J. A. Miller Dr. H. R. Guly
New Cross Hospital	**October to March** Dr. J. A. Miller Dr. H. R. Guly **April to September** Dr. S. J. Brown Vacant
St. Olave's Hospital	**October to March** Dr. A. M. Weindling Mr. D. J. Scott **April to September** Dr. W. A. C. McAllister Dr. J. G. Prior

Surgical Registrars

Professor McColl and Mr. Rendall	Mr. J. A. Lyttle
Mr. Lawrie and Mr. Beard	Mr. J. G. Payne
Mr. Blackburn, Mr. Maynard and Mr. Ellis	Major C. MacFarlane
Mr. Glover and Mr. O'Flynn	Mr. R. E. C. Collins
St. Olave's	Mr. O. W. Davison
St. Olave's G.U.	Mr. A. R. Mundy

Junior Surgical Registrars

Mr.Lawrie and Mr. Glover	Dr. H. A. Goudarzi-Langroudi
Mr. Blackburn, Mr. Maynard and Mr. Ellis	Dr. J. N. L. Simson
Neurosurgical Unit	Dr. E. G. Latimer-Sayer
Breast Unit	Dr. J. Leghari (Locum)

Junior Staff Appointments 1975/76

The following appointments and re-appointments have been made for the period commencing 1st October, 1975 :—

Medical Registrars

Dr. G. M. Cochrane	(Guy's)
(SR) Dr. W. J. Grabau	(Lewisham until Feb. '76 then Guy's)
Dr. P. Isaacs	(Guy's until Feb. '76 then Lewisham)
Dr. D. A. Jones	(Guy's)
(SR) Dr. J. D. Powell-Jackson	(Guy's)
Dr. J. A. Vale	(St. Olave's)
(SR) Dr. W. Seymour	(The Brook Hospital)
Dr. V. H. C. Bramwell	(St. Olave's)
Dr. S. M. Bateman	(New Cross)
Vacant	(Greenwich District Hospital)

Junior Medical Registrars

Dr. T. P. Cutler	(Junior Lecturer)
Dr. J. G. Prior	Dr. A. M. Weindling
Dr. D. J. Scott	Dr. J. A. Miller
Dr. W. A. C. McAllister	Dr. S. J. Brown Dr. H. R. Guly Vacant

Registrar to the Renal Unit

(SR) Dr. C. B. Brown

Registrar to Intensive Care and Clinical Toxicology

Dr. P. Crome

Registrar in Endocrinology and Nuclear Medicine

Dr. J. Bingham

Senior Registrar in Nuclear Medicine

(SR) Dr. A. W. Hilson

Surgical Registrars

Major C. MacFarlane	
Mr. J. G. Payne	
(SR) Mr. R. E. C. Collins	
Mr. J. A. Lyttle	
Mr. O. W. Davison	(St. Olave's)
Mr. A. R. Mundy	(G.U. St. Olave's)
Mr. W. J. Owen	(Farnborough)
(SR) Mr. T. A. Harrison	(Greenwich)
Mr. N. Mittra (Locum)	(Greenwich)

Mr. G. C. Davies (Lewisham)
Dr. J. L. Lewis (Pembury)
(SR) Mr. H. G. Sturzaker (Lecturer)
Mr. T. Bates (Lecturer)
Mr. A. R. Quershi (Lecturer Breast Clinic)
Mr. J. Lotz (Lecturer Gt. Ormond Street)
Mr. N. P. W. Coe (Sabbatical)
Mr. P. C. Smith (Sabbatical)

Junior Surgical Registrars

Mr. J. N. L. Simson
Mr. E. G. Latimer-Sayer (Maudsley)
Mr. H. A. Goudarzi-Langroudi
Dr. J. Leghari (Locum) for 1 month (Breast Unit New Cross)

Registrars in the E.N.T. Department

(SR) Mr. P. B. Ashcroft (Locum) (Guy's)
(SR) Mr. D. B. Mathias (Lewisham)
Mr. K. Pearman
Mr. J. Hibbert

Obstetric Registrars

(SR) Mr. N. G. J. Pipe (Farnborough)
(SR) Mr. J. B. Moir Shepherd (Guy's)
Mr. F. Abdel-Sattar
Mrs. J. Boulton (St. Olave's)

Registrars in Rheumatology

Dr. D. J. Doyle (New Cross)
Dr. J. D. Jones (New Cross)
(SR) Dr. T. J. Gibson
(SR) Dr. J. D. Macfarlane (Brighton and Lewes Hospitals)
(SR) Dr. A. J. L. Harkness
(SR) Dr. P. Gow

Registrars in Cardiology

(SR) Dr. M. R. Crouchman Dr. M. P. Greenberg

Junior Registrar in Cardiology

Registrar in Chemical Pathology

Dr. R. J. Von Witt

Registrars in Clinical Pathology

Miss J. Dove
Dr. P. A. Hassal
Dr. S. K. Price (until 30th Nov. '75)
Vacant
(SR) Vacancy (Microbiology)

Junior Registrars in Clinical Pathology

Dr. G. Wilkinson
Dr. K. Malachi
Dr. M. I. Adelman (St. Olave's)
Vacancy (St. Olave's)

Registrar in Haematology

(SR) Dr. H. J. H. Williams

Registrars in Psychological Medicine

Dr. B. R. Nakra (Bexley)
Dr. J. M. Hirons (Bexley)
Dr. M. H. Salasa (Maudsley)
Dr. G. Theano
Dr. J. Strang
Dr. T. Barnes
Dr. T. Lam
Dr. T. McDiarmid
Dr. S. L. Davenport
Dr. V. F. Baraniecka

Junior Registrars in Psychological Medicine

Dr. M. J. D. Hobbs
Dr. R. C. S. Furlong
Dr. T. Kidger

Registrars in Child Psychiatry

(SR) Dr. E. S. Morgan
Dr. G. A. Redding
Dr. M. J. Pentney

Orthopaedic Registrars

(SR) Mr. J. P. Beavis (Lewisham)
(SR) Mr. J. Besser (Hastings)
(SR) Mr. J. D'Arcy
Mr. J. D. Spencer
Mr. R. Boobbyer

Orthopaedic and Casualty Registrar

Mr. S. C. Sood

Registrar in Urology

(SR) Mr. M. R. L. Joyce

Registrars in Dermatology

Dr. R. J. Hay Dr. G. Sparrow

Registrars in Diagnostic Radiology

Dr. N. R. V. Edmonds
Dr. C. C. Penney
Dr. R. B. Sakya (Greenwich)
Dr. T. F. El-Sayed
Dr. L. Rockall
Dr. M. A. A. Al-Hilli
Dr. G. W. Allibone
Dr. M. R. Sa'ari
Dr. N. L. Bishop
Dr. O. C. Wethered
Dr. R. F. Shelley

Registrars in Radiotherapy

(SR) Dr. D. Tong Dr. V. M. Sharon

Reigstrars in Neurology

(SR) Dr. M. D. O'Brien Dr. R. E. Clifford-Jones

Registrars in Ophthalmology

Mr. T. Arulampalum (SR) Mr. R. Harfitt

Junior Registrar in Ophthalmology

Dr. Z. Islam

Paediatric Registrars

(SR) Dr. H. Bluett
(SR) Dr. S. J. Nicholls
Dr. K. M. C. Barclay
Dr. M. Borzyskowski (Brighton and Lewes Hospitals)

Registrars in Thoracic Surgery

Mr. J. E. Dussek
(SR) Mr. J. B. O'Meara (U.S.A. until 31.12.75 then to St. Thomas Hospital)
(SR) Mr. J. R. W Keates (Brook Hospital until 31.12.75 then to Guy's)
(SR) Mr. J. Farnsworth (St. Thomas Hospital until 31.12.75 then to The Brook)
(SR) Mr. K. Nair (Guy's)
(SR) Mr. M. L. Meistrell (In place of Mr. O'Meara until 31.12.75)

Registrars in Anaesthetics

(SR) Dr. J. D. Davies
Dr. G. J. Baldock
Dr. M. A. Weller
(SR) Dr. A. M. Rollin (Guy's)
(SR) Dr. J. B. Hester (Hastings)
Miss J. Chapman P/T
(SR) Dr. P. J. Read (Lewisham)
(SR) Dr. J. A. Pook (Guy's)
Miss E. D. Spark
Dr. G. J. Ismail
(SR) Dr. J. R. Wedley (Brighton)
(SR) Dr. J. R. Stoneham
(SR) Dr. C. S. L. Scott (Greenwich and Woolwich Hospitals)
(SR) Dr. M. W. Geadah (Guy's)
(SR) Mrs. I. Mathias P/T
Vacant
Vacant (Guy's/Canterbury)
Dr. M. L. Nancekievill (Guy's)
(SR) Dr. S. Pais (Greenwich)
(SR) Dr. R. M. Doshi (Guy's)
(SR) Dr. R. Dunnill (Canterbury)

Registrars in Geriatrics

(SR) Dr. J. Chakraborti (Brighton and Lewes Hospitals)
(SR) Dr. A. J. Campbell (St. Helen's Hospital, Hastings)
(SR) Dr. T. Habib (New Cross Hospital)
(SR) Dr. T. K. Ray (New Cross Hospital)

Registrars in Venereology

(SR) Dr. K. L. Amasuriya
Dr. J. J. Rohatiner (G.P.)

Registrars in Orthodontics and Children's Dentistry

Miss M. Brown
Mr. R. A. Quealy
Mr. J. C. Bennett
Mr. I. D. Brown
Mr. D. J. Ramsay

Registrars in Clinical Dental Surgery

(SR) Mr. P. Cove (Queen Victoria Hospital, East Grinstead)
Mr. J. Knox
Mr. M. C. Mace

Registrars in Oral Surgery and Dental Casualty

Mr. H. S. Coonar
Mr. W. R. H. Reid
Mr. T. M. Hudson
Mr. S. A. Malik
Vacancy
Mr. A. F. Markus
Mr. Ferguson (S.H.O.)

Registrars in Periodontology and Preventive Dentistry

Mr. D. N. Gouk
Mr. A. S. Averill
Mr. P. J. Kerr
Mr. G. W. Butcher

Registrars in Dental Prosthetics

Mr. B. Malleson
Mr. D. W. Martin
Mr. R. E. W. Pearce
Mr. P. B. Swiss
Mr. P. A. Swift
Miss M. M. Sawins
Miss H. M. Thomas

Registrars in Conservative Dental Surgery

Mr. A. Watts
Mr. T. R. Pitt Ford
Mr. R. H. W. Brodbelt
Mr. Morris
Mr. Dewe
Mathews
Mr. R. A. Ellis
Mr. M. D. Gross
Mr. G. W. Butcher
Mr. M. Malleson
Mr. L. R. Cree
Mrs. F. M. Paterson
Mr. B. D. Glynn
Mr. A. A. Macdonald
Mr. N. A. P. Thompson
Mr. Maberley

Registrar in Dental Radiology

Mr. B. W. Beeching

NEW STUDENTS

PRELIMINARY STUDENTS
October 1975
Medical

Beck, Miss J. L. — Lady Margaret Hall, Oxford
Boucherat, Miss A. — Fearnhill Sch., Letchworth, Herts.
Bradley, Miss K. M. — St. Michael's Convent Gram. Sch.
Chaloner, Miss J. M. — John Howard Sch., London, E.5. and St. Hilda's College, Oxford
Cowmeadow, Miss F. P. — Bath High Sch., G.P.D.S.T.
Cullinan, T. P. — Ampleforth Coll.
Daragon, J. — Royal Hospital Sch.
Herrington, Miss L. M. — Woking Coll. Gram. Sch. for Girls
Kestin, I. G. — Weymouth Gram. Sch.
Lovett, J. W. T. — New Coll., Oxford
Lucas, Miss D. C. — Gravsend Sch. for Girls
Martin, Miss M. E. — Presdales Sch., Ware, Herts.
Skinner, M. R. — Trinity Coll., Oxford
Sowood, Miss R. M. — Manchester High Sch. for Girls
Taylor, Miss J. A. — Tadcaster Gram. Sch.
Wallis, D. N. — Dr. Challoner's Gram. Sch., Wadham Coll. Oxford

Dental

Adam, Miss R.	Queen's Gate Sch. London
Barker, Miss K. E.	Devonport High Sch.
Bull, Miss P. C.	Farnbor. Hill Convent Coll.
Bunker, G. S. G.	Bedford Sch.
Dighe, Miss E. A.	Hitchin Girls' Gram. Sch.
Dobson, R. A.	Haslingden Gram. Sch.
Fenny, S. P.	Gravesend Sch. for Boys
Filby, S.	Brinkburn Comp. Sch.
Kingdon, N. G.	West Buckland Sch.
Lane, H. C.	Ipswich Sch.
Robinson, P. G.	Bosworth Coll., Desford
Rogers, Miss E.	Cheltenham Ladies' Coll.
Taylor, Miss L. M.	Selhurst High Sch., Croydon
Underwood, K. D.	Collyer's Sch., Horsham

BASIC MEDICAL SCIENCE COURSE

October 1975

Alun-Jones, T.	Malvern Coll.
Bagley, J. S.	Collyer's Sch., Horsham
Barker, A. M.	St. Catherine's Coll., Oxford
Barker, J. N. W. N.	Winchester Coll.
Beckerson, J. C.	Rye Gram. Sch.
Beech, M. J.	Christ's Coll., Finchley
Broadbent, Miss J. E.	Leiston High Sch., Suffolk
Broome, J. R.	Newcastle, R.G.S.
Calver, G. D.	Great Yarmouth Gram. Sch.
Carney, P. J. E.	Finchley High Sch.
Carvalho, P. M. M. A.	London Oratory Sch.
Churchill, M. A.	Queen Elizabeth's Gram. Sch.
Cooper, M.	Colchester Royal, Gram. and Downing Coll., Cambridge
Davies, Miss A. J.	Wycombe Abbey Sch.
Davies, R. J.	Monmouth Sch.
Denning, D. W.	St. Paul's Sch.
Dickson, N. K.	Borden Gram. Sch.
Evans, C. G.	Stockport Sch.
Evans, M. R. W.	St. Paul's Sch., London
Evans, R. A.	Shrewsbury Sch.
Foot, A. S.	Bournemouth Coll.
Foster, Miss J. C.	Queen Mary Sch., Lytham, Lancs.
Fraser, Miss C. M.	Woking County Gram. Sch. for Girls
Free, Miss L. C.	Kidderminster High & Bolton Sch.
Gallagher, Miss W. J.	The High Sch., Bedford
Girling, S. D.	Queen Mary's Coll.
Grieve, Miss S. J.	Todmorden Gram. Sch.
Hackett, G. A.	Salesian Coll. (Battersea)
Heard, R. N. S.	Epsom Coll.
Hedges, A. R.	Richard Hale Sch., Hertford
Hoddinott, H. C.	Whitchurch High Sch.
Houghton, A. D.	Wellington Coll.
Hunter, D. N.	Southwell Minster Gram. Sch.
John, L. C. H.	Havant Coll.
Jones, R. G.	Lancaster Royal Gram. Sch.
Keyte, Miss C. A.	Croydon High Sch., G.P.D.S.T.
Larvin, M.	Sir William Turners Gram. Sch., Redcar
Lee, K. G.	Wellington Sch., Somerset
Lee, Miss S. C.	City of London/ Freemen's Sch., Ashtead
Lewis, J. E.	Cowbridge Gram., South Glam.
Lind, M. J.	Merchant Taylors, Northwood
McKinley, K. P.	Salesian Coll., Farnborough (Hants.)
McLeod, D. W.	Collingwood County Secondary
MacDonnell, A. J. R.	St. Columbas Coll., St. Albans
Male, P. P.	Trinity Sch. of John Whitgift
Mansfield, N. C.	Dulwich Coll.
Matthews, S. J. E.	Royal Gram. Sch., High Wycombe
Mayne, C. J.	Solihull 6th Form Coll.
Mitchell, A. T.	Salesian Coll., Farnborough
Morgan, A. T.	K.C.S. Wimbledon, St. John's, Camb.
Morgan, N. J.	Netherhall Sch.
Myint, S. H.	Alleyn's Sch., Dulwich
Norburn, S. J.	City of Leicester Boys Sch.
Osmond, Miss E. C.	Godolphin Sch.
Page, Miss M. L.	Clarendon House, Ramsgate
Parry, G. M.	Bishop Hedley High Sch.
Patton, D. W.	Univ. St. Andrews, Fife
Pinfold, Miss A.	Maidstone Gram. Sch. for Girls
Powell, J. F.	Worth Abbey, Crawley
Powiesnik, Miss L. W.	Pontypool Gram. Sch.
Pringle, J. J. A.	Bedford Sch.
Prior, Miss J. E.	Newbury Co. Girls' Sch.
Pyle, S. J.	Palmer's Boys Sch., Grays, Essex.
Revell, P.	Kingswood Sch., Bath, Avon
Roberts, Miss A.	Erith Sch.
Robertson, C. S.	Barnard Castle Sch.
Rosenfelder, A. F.	University Coll. Sch.
Samuels, M. P.	Harrow Co. Sch. for Boys
Shakespeare, Miss K. M.	Cheltenham Ladies' Coll.
Sharp, Miss D. J.	Godalming Coll.
Shepherd, P. R.	Lewes Priory Sch.
Skinner, A. J.	Tonbridge Sch.
Smith, G. M.	Cefn Hengoed Sch.
Snape, A. C.	Dauntsey's Sch.
Sung, D. H. T.	Denstone Coll.
Sutton, R.	Brentwood Sch.
Tarr, T. J.	Sevenoaks Sch.
Tun, V.	Whitgift Sch.
Turner, N.	Beverley Gram. Sch.
Uwins, Miss D. A.	Croydon High Sch.
Walker, Miss G. J.	Longroad 6th Form Coll.
Weightman, N. C.	Nottingham High Sch.
White, A. S. T.	Whitgift Sch., Croydon
White, Miss C. P.	Maghull Old Hall High Sch.
White, Miss J. L.	Portsmouth High Sch.
Whittet, H. B.	Cheltenham Gram. Sch.
Wilkinson, N. M.	Haywards Heath Gram. Sch. and Crawley Coll.
Wilkinson, T. J.	Portsmouth Gram. Sch.
Wiliams, Miss A. E.	Cheltenham Ladies' Coll.

Williams, J. W.	Penglais Comprehensive
Williamson, P. D.	Winchester Coll.
Wilson, Miss V. S.	Wycombe Abbey Sch.
Wright, Miss J. A.	Newstead Wood Sch. for Girls, Orpington

2nd B.D.S. STUDENTS
October 1975

Barrett, N. V. J.	Haileybury & I.S.C.
Bellringer, J. E. M.	Epsom Coll.
Bhuva, N. S.	Nottingham High Sch.
Bosch, E. V.	St. George's Coll.
Bramwell, A. V.	Queen Elizabeth 6th Form Coll.
Buck, Miss A. L.	St. Maur's Convent, Weybridge
Capp, N. J.	Whitgift
Carr, Miss J. E.	Royal Sch., Bath
Carter, Miss S. J.	St. Mary's Sch., Baldslow
Cater, Miss V. J.	Putney High Sch.
Cawley, N. R. L.	Worth Abbey
Chen, K. C. K.	Cambridgeshire Coll.
Christopher, Miss D. I.	Parkstone Gram. Sch.
Chryssides, Miss C. A.	Channing Sch.
Chryssides, Miss H. M.	Channing Sch.
Cliff, N. G.	Colfe's Gram. Sch.
Colley, J. M.	Batley Boys' Gram. Sch.
Cornelius, M. P.	Sir Roger Manwood's Sch.
Crawley, M. J.	North East Essex Techn. Coll.
Cresswell, G. V.	Swanwick Hall Sch.
Cunnington, S. A.	Loughborough Gram. Sch.
Davies, R. A.	Clifton Coll., Bristol
Day, Miss T. M.	Hitchin Girls' Sch.
Des Clayes, S. A.	Radley Coll.
Dixon, Miss C.	Erith Sch.
Edgington, Miss A. M.	Putney High Sch.
Freiberger, P. S.	Univ. Coll. Sch., Hampstead
Friend, J. M.	Loughborough Gram.
Gilbert, R. W.	Trinity Sch. of John Whitgift
Griffiths, S. R.	Newbridge Gram. Sch.
Griffiths, Miss M. E. E.	Northampton Coll. of Tech.
Gulamali, S. N.	Sevenoaks Sch.
Habib, M. A. W.	Dartford Gram. Sch. and Erith Coll.
Hammond, M.	Old Swinford Hosp. Sch.
Harrison, Miss K. M. R.	Rosebery Co. Gram. Sch., Epsom
Hartley, Miss G. M.	Diss Gram. Sch.
Hector, M. P.	Bedford Sch.
Logie, A. C. B.	Strodes Sch., Egham and Kingston Coll. of Further Education
Longden, M. I.	William Ellis Sch.
McLean, Miss F. M.	Wolverhampton Girls' High Sch.
Macfarlane, Miss C. H.	Wycombe Abbey
Mackey, W. M.	Westcliff High Sch. for Boys
Manning, G. R. W.	Lancing Coll.
Marks, A. J.	King's Sch. Canterbury
Matthews, N. L.	Exeter Sch.
Nguyen, Miss T. A. T.	Godolphin & Latymer Gram. Sch.
Palmer, G. D.	Brighton Coll.
Pendrey, N. D.	King Edward VI Gram. Sch., Stourbridge
Pigot, A. G.	Mesnes High Sch., Wigan
Pimm, S. L. C.	Ipswich Sch.
Price, R. B. T.	St. Dunstan's Coll.
Rees, D. J. C.	Cantonian High Sch., Cardiff
Renaut, A. J.	Reigate Gram.
Rickard, G. D.	Barnard Castle Sch.
Robinson, Miss S. K.	Lindsey's Sch., Cleethorpes
Saravanamuttu, R.	Truro Sch.
Searle, A. E.	Hurstpierpoint Coll., Sussex
Sladden, Miss J. E.	Northampton Coll. of Tech.
Smerke, J. G.	Medway & Maidstone Coll.
Smith, Miss A. J.	St. George's, Ascot
Smith, N. R.	Oundle Sch.
Strachan, A. H.	Binley Park, Coventry
Sugden, Miss P. A.	St. Mary & St. Anne Abbots, Bromley
Suleman, F.	Salisbury Polytechnic / Rhodesia
Tarrant, C. D.	Poole Gram. Sch.
Thomas, C. D.	St. John's Sch., Leatherhead, Surrey
Vohra, P.	King's, Taunton, Somerset
Watson, A. J.	Magdalen Coll., Oxford
Watson, Miss D. J.	Leamington Coll. for Girls
Willis, N. P.	Tiffin Boys' Sch., Kingston-upon-Thames
Worrell, Miss K. L.	Clarendon House, Ramsgate

NEW STUDENTS ENTERING THE CLINICAL COURSE
October 1975

Atkins, R. M.	Exeter Coll., Oxford
Beswick, D.	St. John's Coll., Cambridge
Boyes, Miss N. V.	Clare Coll., Cambridge
Dunn, Miss S.	Girton Coll., Cambridge
Evans, Miss J. P. M.	Somerville Coll., Oxford
Forsdick, S. J.	Pembroke Coll., Oxford
Gray, J. D.	Caius Coll., Cambridge
Hogg, J. R.	Emmanuel Coll.
Howard, P. J.	Wadham Coll., Oxford
Humphries, M. J.	Gonville and Caius Coll., Cambridge
Jones, A. K. P.	Hertford Coll., Oxford
Keable-Elliott, D. A.	Magdalene Coll., Cambridge
Long, A. G.	Heles Sch., Exeter
Morrish, N. J.	Sherborne Sch.
Owen, T. C.	Marlborough Coll.
Vafidis, Miss G. C.	Newnham Coll., Cambridge

RADIOGRAPHY STUDENTS
October 1975

Alibhai, A.	Allidina Visram High Sch., Mombasa
	Loughton Coll., Essex
Ayton, Miss V.	Dartford Girls' Gram.
Bannerman, Miss L.	Blackheath High Sch.
Edge, Miss S.	Wispers Sch., Chichester
Gane, J.	Sandown High Sch., I.O.W.
Gill, Miss K.	Mwanza Sch., Uganda
	Government Coll., Ludhiana, India
Ginn, Miss S.	Saffron Waldon High Sch.

Gransbury, C.	Chigwell Sch.
Hawkins, A.	Emmanuel Sch., Wandsworth
Howarth, Miss L. (B.Sc.)	Greenhill Sch., Rochdale
	Chelsea Coll.
Mallay, Miss D.	Berbice High Sch., Guyana
Mumby, Miss A.	West Kirkby Gram. Sch. for Girls
O'Reilly, Miss M.	St. Anne's Coll., Sanderstead
Pearce, Miss S.	Rosebery County Gram., Epsom
Rooney, Miss C.	Eureka Convent, Kells, Co. Meath
Sabey, Miss S.	Longslade Upper Sch., Birstall
Schober, Miss H.	Alcester Gram.
Shah, Miss P.	Ngara Secondary Sch., Nairobi
Steele, Miss D.	Northlands Girls' High, Durban, S.A.
Temperley, Miss J.	Lancaster Girls' Gram.
Trownson, Miss P.	Urmston Gram. for Girls
Vile, Miss S.	The Holt Sch., Wokingham

RADIOTHERAPY 2nd Year

Raghubans, Miss L. (D.S.R.)	Novar Government Sch., Guyana
	Univ. Hosp. of West Indies, Jamaica

THOMAS GUY SCHOOL OF NURSING

August 1975

Abbey, Elizabeth F.	Lawson, Morag S.
Adam, Barbara J.	Lawson, Rosemary J.
Ball, Jane E.	Layton, Christine J.
Bayley, Catherine M.	Liddle, Mary J.
Brucknell, Caroline M.	Longman, Virginia E.
Burton, Rachel E.	McKenzie, Sheena M.
Butterfield, Alison M.	McLauchlan, Margaret
Coates, Fiona M. D.	McMahon, Clare G.
Cock, Vanessa A.	Marshall, Jill M.
Cooke, Linda M.	Martin, Gillian C.
Cordery, Jane E.	Millett, Helen C.
Crowther, Katharine M.	Molyneux, Ann F.
Davies, Gwenda M.	Nichols, Elaine M.
Dobson, Deborah M.	O'Gorman, Gillian M.
Doole, Lynn M.	Pepper, Laura
Eagers, Christine J. L.	Peterson, Susan
Firth, Lisa G.	Pinch, Alison
Foster, Jocelyn C.	Priestley, Gillian
Fox, Jane E.	Rayment, Inga L.
Gilby, Moira K.	Robinson, Felicity C.
Griffiths, Gillian M. A.	Smith, Elizabeth H.
Hainstock, Laura J.	Stewart, Rosemary A.
Hanley, Jill	Theaker, Elizabeth
Hatton, Jane C.	Thurlow, Jane L.
Holloway, Dianne R.	Toombs, Susan J.
Howlett, Nicola M.	Vallis, Andrea L.
Hunter, Deborah	Wade, Ruth H.
Jeffery, Catherine A.	Walker, Mary E. W.
Kerr, Patricia L.	White, Jane E.
Knipe, Sandra E.	Wilford, Sarah A.
	Wonson, Suzanne E.

THOMAS GUY SCHOOL OF NURSING

October 1975

Ahlers, Juliet E.	Hooper, Elizabeth
Albon, Ilona S.	King, Charmian E.
Annis, Lesley J.	Meyer, Claire L.
Attfield, Angela J.	Morrison, Sally M.
Austin, Rosemary H.	Murphy, Taryn J.
Baillie, Jessica M.	Murray, Sheila A.
Baum, Sally M.	Oakes, Carole A.
Bell, Margaret R.	Opie, Hilary A.
Benham, Sally A.	Owen, Sara
Blackford, Cynthia J.	Packer, Sara E.
Booth, Sharon A.	Queffurus, Yvette R.
Chandler, Patricia S.	Richardson, Jane
Cheesbrough, Carol A.	Roberts, Mari
Colville, Helen A.	Robinson, Gillian A.
Corner, Fiona J.	Rumsey, Jane E.
Cornford, Susan V.	Saunders, Elizabeth
Dale, Carolyn E.	Scott, Elizabeth A.
Davies, Helen E.	Smith, Gillian L.
Douglas, Karen Elaine	Staddon, Mary C.
Duderow, Carol	Stenning, Helen A.
Evans, Isobel J.	Stone, Diane V.
Fairley, Alison	Styles, Julia R.
Fenton, Susan E.	Summers, Helen
Goold, Meryl L.	Taylor, Sally J.
Griffiths, Anne E.	Tyler, Carol J.
Hawkins, Judith E. T.	Underwood, Diane
	Waring, Sharon E.
	Watson, Wendy R.
	Watts, Leslye A.
	Wylie, Claire L.
	Yeo, Mary E.

PHYSIOTHERAPY STUDENTS

September 1975

Andrews, Julia Lyn	St. Augustine's Priory Ealing
Bellingham, Alison Jean	South Devon Technical Coll., Torquay
Birse, Rosalind Anne	Prendergast Gram. Sch., Catford
Blacker, Deborah Mary	King Edward VI Sch., Totnes
Boase, Margaret	Wanstead High Sch.
Bunny, Helen	Hinchley Wood Sch., Esher
Capstick, Alison May	High Wycombe Coll. Tech.
Carr, Mary Charlotte	Dunottar Sch., Reigate
Chown, Amanda Patricia	Winston Churchill Co. Sec. Sch., Woking
Christie, Sandra Julia	Taunton Sch.
Davie, Susan Claire	Hawnes Sch., Haynes Park
Davies, Angela Mary	Newstead Wood Sch., Orpington
Davies, Anne Susan	Holt Sch., Wokingham
Ebner, Sarah Mary	Purley High Sch., Coulsdon
Faulkner, Susan Mary	St. Bernards Convent, Slough
Frost, Lynn Beverley	Grove Hill Sch., Hemel Hempstead
Gaastra, Susan Margaret	Notting Hill and Ealing High Sch., Ealing
Garvey, Susanna Yvonne	Sutton High Sch.
Harvey, Wendy	St. Bernards Convent High Sch., Westcliff
Leftley, Elizabeth Anne	St. Bernards Convent High Sch., Westcliff
MacKenzie, Caroline Jane	James Allen's Girls Sch., Dulwich
Matear, Avril Jean	Sutton Coldfield Gram. Sch.
May, Josephine Linday	Surbiton High Sch., Kingston
Rees, Bethan	Dr. William's Sch., Dolgellau
Roe, Karen May	Christ's Hospital High Sch., Lincoln
Rogers, Susan Valerie	King Edward Sch., Witley
Schurr, Jennifer Susan	The Ladies Coll., Cheltenham
Sidebotham, Yvonne	Stockport High Sch.
Smith, Karen Manda	Maidstone Gram. Sch.
Stacey, Susan	Sutton Coldfield Gram.

Stafford, Penelope Jane	Loughton Co. High Sch.
Tidman, Marion Grace	Horsham High Sch.
Thompson, Elaine Janet	Wallington High Sch.
Watkinson, Susan Dawn	Old Palace Sch., Croydon
Westland, Sally Jane	Shrewsbury High Sch.
Williams, Patricia Mary	Bishops Gore Comp., Swansea
Wilson, Helen Jane Ross	Kings Coll., Taunton

ENGAGEMENT

The engagement is announced between Mary Dallimore and Michael Reynolds.

DEATH

Dr. Nigel Bannerman at Farnham, Surrey, on 21st September, 1975.

CHANGES OF ADDRESS

Dr. and Mrs. Bernard Bancilhon, 1 Bournehall Lane, Bushey, Herts.

Mr. D. Alan Barr, St. Mary's House, Kintbury, Nr. Newbury, Berkshire. Tel. Kintbury 551.

Mr. P. Hampton-Smith, "Bickley", Higher Broad, West Hill, Otterly-St. Mary, Devon. Tel. Otterly-St. Mary 3929.

John-Lloyd-Still, M.R.C.P., 806 Clinton Place, Evanstow, Illinois 60201, U.S.A.

PERSONAL

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GUY'S HOSPITAL GAZETTE

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

DIVIDED WE STAND

Hospital doctors are at present facing one of the most crucial situations since the inception of the N.H.S.; a dedicated and concerted drive by the Government (and let us not be misguided to believe that it is solely one Minister), to their professional freedom and independence. To many people, the consultants—pay-bed and junior hospital doctors—pay contract disputes are separate issues. It may be argued, however, that they have been artificially divided as separate political squabbles but are really part of the same basic problem. Namely, the gradual but now significant deterioration in the trust and respect between the Government and the medical profession and doubt concerning the continuation of the N.H.S. as it was originally designed.

Only a minority of consultants are members of the Hospital Consultants and Specialists Association. It is, nevertheless, an influential body who will consider strike action if private beds in N.H.S. hospitals are eradicated. Consultants in areas where private hospitals and nursing homes are scarce would be affected to a greater extent than their colleagues in London. This may in part account for the more militant approach of consultants in the Provinces. They are being faced with the loaded choice of either becoming full-time workers of the State or resigning from the Health Service (and there is a steady trickle of specialists emigrating to financially greener pastures). Many feel that they have been cheated by the Government, especially now with the restricted rôle of the Royal Commission. Even the morale of consultants who are more sympathetic towards the national economic problems is low, due to decrepit hospital buildings, sub-standard facilities, under-staffing in the allied fields and also the growing criticism and declining deference from the public.

The junior hospital doctors at Guy's recently elected to take no strike action at the present time. Without presuming to explore their motives in taking this decision it is interesting to note that their peers at other London teaching hospitals voted to the contrary. Critics of the Guy's junior doctors call them apathetic, reactionary and scared, whereas their supporters applaud the resolution of common-sense and professional dignity.

The standards of British medicine have been noticeably superceded by some western European countries whose welfare services remain divorced from major political debate. The label "second-class" is embarrassing, but in certain respects an accurate comparative assessment of our N.H.S.—originally a concept envied by others. Now, however, its blemishes are deep and painfully obvious. The administrators are trying to introduce uniformity and conformity into a profession where individual character and opinion are essential components. The general practitioners are at present out of the affray but there are insidious moves from the D.H.S.S. hinting that soon they will be converted from contractors of the N.H.S. to full-time civil servants. This is already being instituted in some community centres. It is now time for all doctors to seriously question how they wish to conduct their professional lives. Militant action, as a gesture, is an obvious but abhorrent course, especially from a non-trades union group. The answer may lie in the reappraisal of the financing of our health service which is inadequately and poorly managed by taxation alone. A united consideration of this multifactorial problem is the only sensible approach.

John Blaikley

A packed Chapel paid respect to a great Guy's man on 11th November. John Blaikley sincerely believed in the traditions of our Hospital. He was a former Editor of the *Gazette* and was a contributor to the special Centenary Edition in 1972. Earlier this year he offered his services to the *Gazette* to act as an adviser during discussions on the 250th Anniversary Celebrations. He felt strongly that his vast experience of the Hospital and the many changes that had occurred since the last war should not go unrecorded. Unfortunately for us all this unique work was only partly completed. He was a kind and considerate person and the Editorial Committee wish to record their gratitude and pay tribute to his memory in this Edition.

Arthur Wallis

Arthur Wallis retired from the Medical School Office at the end of October. He will be remembered for his deep concern and interest in all who visited the Office. He was always prepared to listen to problems and invariably produced helpful and sensible answers. He was an important link in the *Gazette's* grape-vine, since much of the information received could be checked with him. This was especially important when the news concerned old Guy's men and women; his indirect contribution to News in Brief was greatly appreciated by successive News Editors. We wish him all happiness in his retirement in Sussex.

NEWS IN BRIEF

New Readers Appointed

We should like to congratulate the following on their recent appointments as Reader in the University of London. Dr. M. Adinolfi, developmental immunology; Dr. P. F. Benson, clinical biochemical genetics; and Dr. F. B. Giannelli, cell biology and cytogenetics.

Community Medicine Appointments

The Society of Community Medicine has announced that Dr. Dorothy Egan, Consultant Paediatrician, Newcomen Clinic, will give the first Christopher Kershaw Memorial Lecture on Wednesday, 17th December, 1975, in the Manson Theatre of the London School of Hygiene and Tropical Medicine, Gower Street, W.C.1. The lecture was founded by Dr. John Kershaw who formerly worked in Newcomen Clinic, in memory of his only son.

The Society of Community Medicine have elected as Honorary Members: Dr. Dorothy Egan, Consultant Paediatrician in the Newcomen Clinic; and Dr. Ronald MacKeith, *paediatrician emeritus,* Guy's Hospital, and Hon. Secretary, British Paediatric Association Community Paediatricians Group.

B.Sc. '74 Society Annual Dinner

The third Annual Dinner of the Guy's Hospital B.Sc. '74 Society was held at The Tower Hotel on Thursday, 6th November. The Chairman, Clive Handler, gave apologies for absence from Colin Holden, John Efthimiou, Delyth Ware and Richard Jones. He then welcomed Luis Torres, B.A., the Society's guest visitor from the University of Southern California, Los Angeles, and also thanked the committee for all their work in arranging the Dinner. John McNulty was congratulated on his recent election as Chairman of the Student Medical Education Committee. Richard Moore, the Hon. Secretary, announced the publication of Papers by Nigel Masters, John McNulty and the Social Secretary, James Rivett. Before proposing the toast to Guy's Hospital Medical School, the Chairman mentioned the possibility of having a multidisciplinary Dinner for all the Guy's B.Sc. graduates and some members of the teaching staff next year.

Those also present:—

Nick Nicholas (Hon. Co-Treasurer), Jonathan Fitzgerald Frazer (Hon. Co-Treasurer), Dave Rajaratnum, Ian Martin, Gareth Hughes, Susan Overal, Michael Tidman, Timothy Goodship, Arshed Quyyumi, Vyvian Thornton, Jeremy Horton, John Van de Pette.

Carol Service

The Hospital Carol Service of nine lessons and carols will be held on Tuesday, 16th December, at 7 p.m. in the Guy's Hospital Chapel.

CLUBS' UNION NEWS

Snowflake Ball

This year's Snowflake Ball will be held in the East Wing on Friday, 5th December, at 7 p.m. The theme is based on a market. Double tickets are £7.50. We anticipate about 500 people.

The cold meals will be served at two sittings at 8 p.m. and 11 p.m. in the Upper Spit. Wines can be ordered before or during the Ball from Les Day, Students' Bar manager.

Entertainments will be provided in the Ballroom by "Bob Kerr's Whoopee Band", who return by popular demand along with "Bronx" and "Cubic Vision". The three groups will alternate during the evening ensuring variety and giving everyone a chance to see the full show. In the South Common Room there will be a folk group and steel band. There will be a cabaret during each meal.

The disco will be held in the table-tennis room and the music will be piped through to the Students' Bar and to the bar in the Reading Room. If everything goes as smoothly as anticipated we should all be in for a superb evening.

Wet Glasses

To change the topic, glasses have been vanishing from the Students' Bar at a phenomenal rate. It is in everyone's interest to have full stocks. After the Union General Meeting it is proposed we have a *Glass Amnesty* for one month, when glasses can be returned to the bar without reprisals!

Also, would the "phantom rainmaker" in Wolfson House cease his or her activities as it is causing a great deal of unnecessary trouble for many people. Personally I find it rather embarrassing, boring and infantile.

Pete Watkinson.

THEATRE CLUB NOTICE

The next production is Ted Tiller's "Count Dracula" on 10th, 11th, 12th and 13th December. Tickets at 50p are available from the Box Office, the Colonnade, from 1st December, or from Tessa Leverton via East Wing Pigeon Holes.

OBITUARIES

JOHN BARNARD BLAIKLEY
C.B.E., M.B.Lond., F.R.C.S., F.R.C.O.G.

John Blaikley died at Guy's on 21st October at the age of 69. This ended an association with the Hospital which had lasted for 51 years from the time of his entry to the medical school as a student in 1924. Although he had an international reputation for his knowledge of gynaecological cancer and was a devoted servant of the Hospital for so long, it will be for the man he was that we shall remember him at Guy's. There was nothing devious about John Blaikley. You always knew exactly where you stood with him and it is significant of his utter integrity and sense of purpose that he became known by the nickname of "honest John".

He qualified in 1928, took the F.R.C.S. in 1931 and the M.R.C.O.G. in 1933. He became obstetric and gynaecological registrar at Guy's in 1931 and was appointed pathologist, and later surgeon, to the Chelsea Hospital for Women in 1933. There he began his interest in gynaecological pathology which was to continue all his life. While he was a registrar and for the first six years following his appointment to the consultant staff of Guy's in 1941, John Blaikley lived next door to the Hospital, for it was a condition of the appointment at that time that the junior obstetric surgeon lived in the vicinity of the Hospital. As a result he became extremely skilful in dealing with the obstetric emergencies which were so common in those days —and nights. When, with his colleague G. F. Gibberd, he designed the Gibberd-Blaikley bag for holding a supply of oxygen which was administered through a catheter into the trachea of apnoeic newborn

babies, he taught himself to pass the catheter blind through the tiny larynx by touch, using the tip of his finger to guide it. There must be many who owe their lives to this useful resuscitation technique.

During the years immediately following the war there were several outbreaks in Victoria Ward of serious staphylococcal skin infection in new born babies. With the help of the clinical bacteriologist at Guy's, F. A. Knott, John Blaikley introduced a system for classifying staphylococci and for identifying carriers of the virulent strains. By the rigid exclusion from the ward of carriers, some of whom turned out to be patients, these infections were prevented.

In 1948 John Blaikley went to the Johns Hopkins Hospital on the Exchange Scheme promoted between that hospital and Guy's by the Clothworkers Company. On his arrival he was introduced at a crowded pathological conference where the doyen of American gynaecological pathologists, the great Emil Novak, had been revealing the diagnosis of a baffling histology slide. When the introduction was over the slide was shown again and the English visitor was asked for his opinion. To the great surprise of the audience he made the diagnosis without hesitation and explained why. A day or two later he performed a difficult Wertheim operation with precision and speed. In the words of an onlooker, "If that guy had wanted to, he could have taken the hospital back home with him".

When it was decided to set up a combined cancer clinic at the Chelsea Hospital for Women with the Royal Marsden Hospital, John Blaikley was asked to take charge of it. He was for many years the surgical member of the team. His knowledge of pathology and radiotherapy and his operative dexterity gained for him an international reputation in this field. Thus he was a member of the International Committee for the Staging of Cervical Cancer; he was Joseph Price Orator of the American Association of Obstetricians and Gynaecologists in 1964 when he spoke on colpocleisis for difficult vesicovaginal fistulae; he was President and later an honorary member of the Obstetric and Gynaecological Section of the Royal Society of Medicine. In 1954 he became Consultant to Queen Alexandra's Military Hospital, Millbank, and from 1969 to 1971 he was Civilian Consultant to the British Army, dealing with much of their gynaecological malignant disease. He was appointed C.B.E. in 1967.

There were so many facets to John Blaikley's career. He was elected to the Council of the Royal College of Obstetricians and Gynaecologists in 1953, was chairman of the Examination Committee in 1955-58 and Vice-President of the College in 1964-67. Through his friendship with Sir Arthur Sims and his daughter Mrs. Black, the Sims-Black Travelling Professorship of the R.C.O.G. was founded in 1952 and John Blaikley himself visited Australia and New Zealand in 1958. He was Chairman of the Medical Committee at the Chelsea Hospital for Women and an active member of the Gynaecological Visiting Society. He was the first Director of the Department of Obstetrics and Gynaecology at Guy's. Although not a great teacher he was much loved by his students and by the housemen and registrars who worked under him for, while appreciating his knowledge and skill, they learned most from his scrupulous character and

dedication. He enjoyed a game of golf and played hard at tennis, loving to hit the ball from time to time over the net as hard as he could, even though he knew it would probably go out. For many years he was President of the Association Football and Tennis Clubs at Guy's.

His greatest contribution to Guy's probably was his term of office at Clinical Superintendent of the Hospital from 1958-66. This office is the focal point of the Hospital organisation, and the liaison between the medical staff and the Board of Governors. When called upon by his colleagues to accept the post, John Blaikley took it on out of a sense of duty and loyalty to them and to the Hospital. It meant that he and Vivien had to give up their lovely house and garden in Belmont, Surrey, to live once more in the Borough. It brought him into direct daily contact with his medical colleagues, the junior staff, hospital administrators, matron's office, secretaries, porters, the catering staff and the works department. Whatever the problem, he treated people with tact and understanding and they knew they would get a fair deal from him. There was an enormous amount of administrative and committee work involved and throughout, he and Vivien lived in the Superintendent's house next to the Chapel in the Front Court. After he retired as Superintendent he was made a Governor of the Hospital.

In 1932 John Blaikley married Vivien Johnson, a Guy's nurse, and they had two sons. They lived in or near Guy's until 1941 and then again from 1958. John had a very happy family life and Vivien was a great source of strength playing her part as the Superintendent's wife with dignity and charm. All through his career he had a busy hospital and private practice and his patients were devoted to him. He understood very fully the emotional aspect of their problems and his kind and sympathetic approach was always helpful. A host of patients, gynaecologists all over the world and Guy's men and women everywhere will regret the passing of a man who achieved so much in such an unobtrusive way and who was at all times so unaffected and patently sincere.

T.L.T.L.

The Address given by Dr. Philip Helliwell during the Service of Thanksgiving for Mr. John Blaikley, held in the Chapel of Guy's Hospital on 11th November, 1975.

We are here to pay tribute to a friend, and to acknowledge the privilege we have enjoyed in knowing him. To have met, and made a friend of John Blaikley was indeed a privilege. He had so much to give and he gave freely.

He came to Guy's Hospital as a medical student more than 50 years ago. He died on 21st October after a long illness, distressing not only to himself but to his family and those who loved him.

Although he developed many outside interests during an active professional life, Guy's soon became and remained his principal concern. Indeed throughout his clinical life, except for a break just after the war, he lived in the immediate vicinity of the Hospital, first as a resident and registrar, then, as his family grew up, in St. Thomas'

Street, in the house traditionally occupied by the junior consultant in obstetrics. Later, when he was appointed Superintendent in 1958, he lived in the house next door to this Chapel. Inevitably, therefore, he became identified as an integral part of the Guy's scene and no one could have reflected a more accurate image of all that is best in Guy's heritage; his life exemplified the Hospital motto, that it is better to give than to receive. At all times he was loyally supported by Vivien, herself a Guy's nurse, and many of his achievements would not have been possible without her characteristically unselfish help.

He possessed, in abundance, all the qualities required of a good obstetrician: sound basic common sense, true sympathy, infinite patience and a fine sense of humour which he displayed at the most unexpected moment. Many an old Guy's man, and many members of the Medical Staff, asked John to attend their wives, and many an old Guy's nurse has reason to be grateful to him; all a true measure of his clinical ability.

His interest in malignant gynaecological disease dates from the time he was appointed to the Clinical Staff of Chelsea Hospital in 1936. The junior consultant was responsible for reporting the nature of tumours and tissues removed at operation. This was the foundation of an outstanding knowledge of gynaecological pathology on which was based the advice and care of the many patients sent to him for treatment. As the years passed, he became an international authority in this field and he was appointed to the Staff of the Royal Marsden Hospital and Consultant to the Army and Queen Alexandra Military Hospital, Millbank. His sense of compassion, meticulous attention to detail and encyclopaedic knowledge of the different methods of treatment made him loved by his patients and respected by his colleagues. His professional competence won him many honours; he was Sims-Black Professor in 1958, President and later Honorary Member of the Section of Obstetrics and Gynaecology in the Royal Society of Medicine, Vice-President of the Royal College of Obstetricians, Joseph Price Orator and Honorary Member of the American Association of Obstetricians and Gynaecologists. In 1967 he was appointed a Commander of the British Empire.

At Guy's, he was the first Director of the Department of Obstetrics and Gynaecology and this gave him the opportunity to demonstrate to the full his outstanding teaching ability, and allowed him to make significant contributions to the Medical School and the training of undergraduate students. He was also interested in sport; he was an ex-President of the United Hospitals Football Club, and a keen player and supporter of tennis, which made him well known to both medical and dental students.

In 1958, he was invited by the Board of Governors to become Superintendent of the Hospital. Despite a heavy clinical commitment at Guy's, responsibilities at other hospitals and institutions, and none too robust health, he was persuaded that it was his duty to accept the post and Guy's is greatly his debtor for it. His complete and unquestioned integrity and the conscientious way he approached every task were invaluable assets which largely overcame

a lack of some of the qualities possessed by the natural administrator. He was respected alike by the Members of the Board of Governors, to which he was eventually appointed, and by his colleagues. His appreciation of the problems of the nursing and ancillary staff, coupled with a willingness to listen to anyone at any time, gave him a profound understanding of the complexities of the day-to-day life of a large hospital and teaching institution.

The unpredictable nature of the work of a busy clinical obstetrician, his conscientious application to that work, a willingness to accept responsibilities which a person with less sense of duty would have avoided, made serious inroads on his family life. Fortunately for Guy's and the many people who have good reason to be grateful to him, his family were equal to the task and all too often sacrificed attention which should rightly have been theirs for the benefit of others. We are grateful to them.

John will be sadly missed by his family, for he was a fine father, and the lives of many of us are going to be the poorer, for he was a good doctor, a staunch colleague and a wonderful friend.

MISS SUSAN NEWTON

It is with profound sadness that we announce the death of Miss Susan Patricia Newton on Tuesday, 18th November, 1975, at the age of 27 years. Sue Newton came to Guy's in September 1966 having completed her secretarial training, and apart from a brief spell at Greenwich District Hospital, remained at Guy's all her working life. Her early years at the Hospital were spent as secretary to Dr. Hardwick and Professor Trounce. For the past four years she had been with the Medical School as secretary to the Department of Obstetrics and Gynaecology, where she played an indispensable rôle in the organisation of both undergraduate and postgraduate activities. Many students in recent years will recall her invaluable assistance, particularly with the often difficult job of making arrangements for their sector appointment.

There can have been few people better liked at Guy's than Sue Newton. She was an attractive girl, with a warm bubbling personality, an ever-ready smile and always cheerful. Ever mindful of other people she was totally unselfish, which meant that she invariably spent more time dealing with the problems of her friends rather than considering her own. As a secretary Sue had all the essential qualities. She was unerringly efficient, managing somehow always to keep complete control of any situation with the minimum of fuss. Respected by all those with and for whom she worked, no task was ever too menial, regardless of its nature. Her devotion to Guy's was unquestionable, and it was typical of her perseverance that in spite of recent ill-health she continued to work full time until the weekend before she died.

We have lost a good friend in Sue Newton. On behalf of all at Guy's Hospital and Medical School we extend our deepest sympathy to her family.

A CRISIS OF CONFIDENCE

by

Gerard Vaughan, M.P.

Shadow Health Minister

The issue is not "Mrs. Castle's proposals versus the interests of the medical profession". "It is Mrs. Castle's proposals versus the standards of medicine, the health of the community, and the safety of patients"—not my words, but the words of the President of the Royal College of Surgeons! Or put differently, but no less cogently—"It is not money, but morale that worries us most, it is our whole future in the N.H.S. that is at stake"—said to me by a registrar, but could as easily have come from a nurse, a hospital consultant, or a member of one of the other professions in the Health Service.

What is wrong? Why should morale be so low, with militancy increasing and standards of patient care falling? Because there can be no argument that the actual standards of medicine are now being seriously damaged. Why should a vocation be fast becoming a rather frustrating job?

To my mind there are two reasons. First, underlying all the problems in the N.H.S. is a basic lack of resources and a faulty philosophy. And inflation has made things rapidly worse so that the cost of the N.H.S. has risen from £477 million in 1950 to £4,000 million in 1975. It is clear today that the original concept of a totally free service is not compatible with a really high level of medical care, if it is to be achieved within the central finance of any country. Something has to give—the ideology of a free service, or the standards. Extra resources have to be found. Turning the N.H.S. into a totally State service, which seems to be Mrs. Castle's intention, is not the answer. Second, and to my mind, by far the most immediate, is the mis-management and quite extraordinary antipathy shown by the Secretary of State towards professional people—their attitudes and values. This has led directly to a major lack of confidence between the health professions and the Secretary of State.

A short article is no place to discuss the details of the various negotiations, they are all on record—whether it is the consultant's contract, the junior doctors, or the agency nurses, it is a record of vacillation, sudden decisions, and reversals of policy, which would have shamed the most arrogant Victorian Iron Master.

Let us take the pay-bed issue. It seems an extraordinary argument, to say that the pay-beds are needed for N.H.S. patients in order to shorten waiting lists, when there are literally thousands of empty beds because of shortage of staff. Or to say that the £40 million is not required and yet say that nothing can be done in the mental health field, or that units must be closed down because of a shortage of finance. In the original discussions, the pay-bed issue was put to one side, and then quite suddenly a document was produced stating that they were to be phased out, and that there would be a system of licensing of private beds—no arguments for or against, no real

examination of the issues, and the effects that this would have on professional working and freedom! There was merely a statement that it was the wish of the electorate, and a requirement of a section of the Trades Union movement!

We are now in the deplorable situation that we are short of nurses and yet because units are being closed, many nurses coming out of training schools are going to be unemployed. Mrs. Castle must surely take the major responsibility for the present chaos. I blame her for failing to condemn militant action by porters, domestics and ambulance drivers, for introducing purely political measures, such as the closing of pay-beds, which are irrelevant to the main problems of the N.H.S. For agreeing, albeit reluctantly, to a Royal Commission, but then reducing it to a farce, by not letting it examine all the problems. I would like to see a proper examination by the Royal Commission of where the resources are going to come from, and what standards of medical care can be attained. Decisions must be taken more locally, and based on patient needs. The administration is becoming too complicated. There is increasing muddle and lack of decision. The number of Committees must be reduced because they take health service staff away from their real job—treating patients. Most of all I should like an undertaking by the Secretary of State that she will respect and protect professional freedom, and that she will make a real and genuine effort to take party politics out of the Health Service.

In the House of Commons I quoted from Mrs. Castle's speech at this year's Labour Party Conference, "the N.H.S. is a unique expression of the unity of human society. No other Socialist policy expresses so completely our Socialist principles".

What hypocrisy! Should it not be said that "the N.H.S. is a perfect example of the dis-unity in society, created by the Labour Party. Present Government policies express completely the destructive nature of Socialist principles".

LONDON MEDICAL GROUP

The practice of medicine today raises many complex problems of general concern to society. Rapid advances in genetics, organ transplantation, techniques for fertilisation, termination of pregnancy, prolongation of life and the growing public concern about death, dying and terminal care, have all produced both clinical and moral dilemmas. "Almost imperceptibly, medical progress has posed the community with problems that will need the skill of lawyers, moralists and theologians if the dignity of life is to be maintained", as *The Times* medical correspondent has observed.

A group of students, 11 years ago, founded the L.M.G. to provide the opportunity for informed opinion and intelligent discussion. At first many doctors seemed reluctant to discuss problems of medical morality in front of student audiences. Nevertheless, the increasing awareness that students were keen to have these questions

posed and answered, has led to a more positive response by the profession.

The L.M.G. exists to provide a forum for discussion, and is not a lobby for any particular viewpoint. Twice weekly symposia and lectures are held in the twelve London Medical Schools, admission being free. The average attendance is about 90. Study seminars involving small groups, pursuing in-depth examination of particular topics, are held throughout the academic year. All the lectures and symposia are addressed primarily to medical students, junior hospital doctors and nurses and are open to others professionally interested. The year's activities reach a climax in the annual conference which attempts to collate and disseminate fact, and discuss viewpoints on a problematic topic of current importance. For example, this year's conference will deal with "Death: The Conspiracy of Silence".

Lectures and symposia at Guy's for 1976 are :—

Lecture—"Deviance and the Ethics of Behaviour Modification".
Thursday, 29th January, 1976.

Symposium—"Whatever happened to the Medical Social Worker?"
Thursday, 29th April, 1976.

All meetings are held at 5.45 p.m. in the Anatomy Theatre.

David Dickson.

PRACTICAL MEDICAL ETHICS

Is medical ethics becoming a practical subject at last? As a representative of the London Medical Group for the study of Medical Ethics, I have become very aware that much theoretical and philosophical debate is centred around many medical subjects, but I have yet to see any real application of the subject on the hospital wards. Modern medicine has raised many complex medical, legal and social problems whose solutions have been skillfully avoided or shelved. However, a recent paper in *The Lancet*[1] appears to have brought fresh hope to the practicability of medical ethics.

This scientific paper discussed not only the treatment and its relation to improving mortality statistics, but also the quality of the patients' lives. Specifically it referred to the treatment of acute myeloid leukaemia and the popular aggressive drug therapy and its effect on the quality of life. Such therapy may cause great misery—the patients being hospitalized for long periods in a condition of iatrogenically induced nausea and vomiting and being barrier nursed to protect them from "terrible infections". It was found that "by not trying to induce complete remission at all costs, the morbidity and early mortality were reduced and at least an equivalence in survival was obtained". What this really means is that by using a more conservative and patient-orientated treatment, a majority of patients can enjoy some comfort and activity, companionship and dignity until they die.

Such an approach can surely be applied to other advancing medical fields, for example organ transplantation and the treatment of the reticuloses. In fact, assessment of the quality of patients' lives may and should become an important aspect in the development of new treatment regimes.

N. J. Masters.

References

1. Burge, P. S., *et al.* "Quality and quantity of survival in acute myeloid leukaemia". **The Lancet,** 1975, **7936,** 621-624.

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1 *J infect Dis*, (1973) Suppl, **128**, 710
2 *Brit J clin Pract*, (1974), **28**, 2,63
3 *J int med Res*, (1974), **2**, 400

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NURSING

The industrial action by the Junior Hospital Doctors has recently caused much comment from the mass media, and various opinions have been expressed about the degree of responsibility shown by these people, as well as the ethical considerations.

During the controversy, however, there has been one opinion which does not appear to have been sought. This is that of the Nursing profession, the members of which are working more closely with the doctors than any other. In fact so little has been said by the nurses either privately or publicly, that one can only conclude that it is their natural apathy which again is being demonstrated.

The reasons for the doctors' action appear to be varied. Ostensibly, they are protesting against the new contracts which have been devised, and the reduction in overtime pay is largely quoted in the dispute. However, could there be an ulterior motive which has not been made generally known? It is a well known fact, that the medical profession hold the same view of the Labour government as do the miners of the Conservative Party. Moreover, they particularly dislike the present Minister who has, to say the least, lacked subtlety in her dealings with the doctors. To add to these points, there is the very vexed question of the future of private practice and the doctors have made no secret of their feelings about the proposed changes. It could be, then, that the dispute does in fact have far greater connotations.

The industrial action directly affects the nurses in so far as it reduces their work load, and doubtless many will be very grateful for this, hence the apparent lack of interest on their part. Should the profession, however, publicly support or denounce it or should silence be maintained? What in fact, if any, are the views of nurses?

Most nurses are aware that the majority of junior doctors, and a considerable number of senior ones, do in fact work extremely hard. It is not uncommon for them to remain on duty for thirty-six hours without respite, and for them to spend 100 hours each week at the hospital. Long working hours and therefore tiredness, are conducive to the making of mistakes, which, apart from the danger to patients, are not acceptable by the public, who are extremely critical of anything except the highest standards of medicine.

As far as the issue of private practice is concerned, the nurses are notably less sympathetic. Most nurses do not enjoy caring for these patients, if only because they dislike being treated as domestic servants, and many feel that some medical practitioners spend more time with such people than they should.

It is unfortunate that the doctors have felt the need to take industrial action, since they will probably lose support. Furthermore, they are not well organised at the best of times, and are therefore unable to undertake this efficiently. Most nurses are probably sympathetic towards the cause, but many doubtless feel that the action is only serving to increase the low morale, and disillusionment that currently is so prevalent in the National Health Service.

PHYSIOTHERAPY

The professional relationship between doctor and physiotherapist has changed during the past decade with greater devolution of freedom of action upon the therapist, partly in acceptance of her own development, partly in view of the increasing complexity of patient-care and partly because of associated changes in society at large. Whereas formerly it would have been almost heretical to make an observation holding the faintest tinge of criticism, opinions are now freely given and generally, treated according to merit.

However, the basis remains one in which the doctor diagnoses and the therapist treats, and where, for any reason, the doctor is unable or unwilling to refer patients, the therapist becomes unable to perform her function. Strictly, this is not absolutely true because ethically she can institute treatment if she has ready access to the doctor in charge of the patient, but if that access were denied, she is effectively impotent.

It follows that any form of "strike" action by doctors must have repercussions for the physiotherapist. Therapists are sympathetically disposed towards Junior Hospital Doctors, but it is conceivable that the quality might become strained if patients were seen to suffer by some form of industrial action. We are all conscious of the exacting nature of the house officer's work, and any of us with experience are aware that the registrars carry an immense burden of responsibility. We recognise that compared with workers outside hospital the financial rewards are in no way commensurate with the hours worked and the responsibility borne—indeed it is not necessary to look outside hospital to make invidious comparisons.

What is unfortunate is that excessive emphasis seems to have been placed on hours worked and on overtime. In the same way that some Orwellian animals are more equal than others, so some jobs are more full-time than others, and it would appear common sense to accept that "junior-doctoring" is just about as full-time as you can get and pay a proportionate amount of money in recognition. Overtime—which we, incidentally, now also get paid—seems fundamentally out of place in a profession and is symptomatic of the disease that affects much else of the Health Service. To create a system whereby the basic hours are pitched near to the industrial norm, knowing that as many or more hours will have to be worked beyond this figure seems ludicrous, especially when the available money gives an hourly rate of pay which would render a shop-steward apoplectic.

It is to be feared that a process of de-professionalization—an ugly phrase for an ugly concept—is in train, and it is one which will hurt us all, staff and patients alike. On the whole, physiotherapists are not militant or union-minded and they are unhappy to contemplate the use of industrial methods by their medical colleagues. But the sense of loyalty and understanding die hard, and we do appreciate the problems that beset the junior doctors even though we may regret some of their responses.

RADIOGRAPHY

The National Health Service is apparently rapidly grinding to a halt. Headlines in the National Press convince the Public of this, and come close to convincing the Health Service staff. This begs the question—Why?

The answer to this is not easy or simple;—indeed, it is doubtful if there is a complete answer. However, two parts to the answer do seem clear. Firstly is the changing attitude of staff in the Health Service. The other part would seem to be given by the rapidly changing stresses on available resources, both in financial and man-power terms.

In the period from the conception of the National Health Service in 1948 until its re-organisation on 1st April 1974, there were administrative anomalies and possibly patients in some areas were not served as well as they might have been. At least the clinical and academic staff knew which administrative section of the hospital to approach with problems—the Hospital Secretary. Even if he was not the correct person to deal with that particular point, the matter was immediately referred to the appropriate person.

The present answer to a problem needing adminstrative advice or clearance is not so easy! One's choice at hospital level may easily rest between such people as the District Administrator, the Sector Co-ordinator, the Assistant Sector Co-ordinator, the Professional and Scientific Liaison Officer and many others. Having made one's choice and approached the person in question, it would appear that invariably one has made the wrong choice and the only thing to do is to go back to the beginning of the list and start again!

Obviously it is not the whole administrative machine that is at fault, but rather certain areas that seem to cause greater problems than others. As far as one can tell the vastly increased number of administrative staff has led to a decrease in the efficiency of that sector, possibly because there are now more offices where things can go astray. In addition to this, the rapid change-over in administrative staff means that frequently there is no continuity, and this in turn means that one is continuously involved in re-educating new staff. At times, even the files that should be passed on are found to be empty, so the new occupant of a post has no references.

At a time when the clinical side are prevented from filling vacancies to the extent that it will not be possible to staff adequately the new X-ray Department in the Tower Block, the administration continues to expand. This would be rather less galling if one knew that the new staff appointed had some knowledge of medical and scientific work, but unfortunately in the vast majority of cases this is not so and therefore the new staff are of limited help. Thus it may be claimed that while administrators are essential members of the Hospital "team", there are some who do not shoulder enough knowledge and responsibilities in their jobs—many of which are unnecessary.

BOOK REVIEWS

"A Colour Atlas of Histology" by M. B. L. Craigmyle. 1975. 547 Colour Plates. Pp. 320. Price £12.50. Published by Wolfe Medical Publications Ltd., London.

This book, intended by its author primarily for undergraduate students of medicine and dentistry, consists chiefly of a large collection of photomicrographs in colour with captions; the histological material illustrated is chiefly human, but has been supplemented by animal tissues in some instances. The text is short and didactic; there is an introductory preface, also a useful index. No references or suggestions for further reading are given and the author has deliberately excluded electron micrographs—though he mentions in the text certain advances in knowledge brought about by this means. A rough indication of magnification is given for some figures only.

Thus the book stands or falls chiefly on the selection and quality of its illustrations. While a minority are superb (especially of ovary, eye, bone and some central nervous material), the general standard is much below this: in too many instances the colour values are incorrect, some figures being dark and "muddy"; there are instances of poor resolution, microscopic fields that are not flat, preparations where the stain used is evidently not that stated and instances in which the use of a different stain would have been more informative.

The world is said to be divided into lumpers and splitters. Dr. Craigmyle evidently sees lumping and the drawing of broad analogies as a means of simplification for the student. But what is the beginner to make of the statement (p.151) that the exocrine pancreas is a *salivary gland,* or (p.203) that the lung is a compound tubulo-alveolar *gland* (reviewer's italics)? The text also contains a few inaccuracies.

One is compelled to the conclusion that this book represents the pursuit of colour for the sake of colour, and that this pursuit has proved only partially successful. While the sections mentioned above could repay study in the library, this book is not considered a good investment for students.

G. A. K. Missen.

"Psychiatry for Students", by David Stafford-Clark. Fourth Edition, 1974, Vol. 1. Pp. 225. Price £2.95. Published by Unwin University Books.

I commend this book for several reasons. First, it is clear and readable. Second, it contains an admirable blend of fact and speculation in a field where facts are relatively scarce and fruitless speculation abounds. Third, it presents a time-honoured and worthy approach to patients with which all students should acquaint themselves. I intend a compliment by suggesting that this book is a worthy educational memorial to its author. I am sure Dr. Stafford-Clark is right (see Preface) to make this edition his personal last, for this one is a live indicant of his contribution to Guy's in a way which a post-retirement edition could not be.

I would advise the student to complement his reading of this book with other material in the field of classification, for Dr. Stafford-Clark's system, though illuminating, is not generally used within psychiatry. Also, I personally regret the decision to put Child Psychiatry into a separate volume (yet to appear); Child Psychiatry and General Psychiatry are in my view much more closely related than that.

J. P. Watson.

CORRESPONDENCE

Phlebotomists

SIR,—It is with some sadness that we read Mr. Wilkinson's letter (25th October, 1975) suggesting that professional phlebotomists should take over those duties so ably performed for generations by medical students. Surely Mr. Wilkinson cannot be serious in his suggestion, but made it only to stimulate the old guard to remember "those bad old days".

Our reply comes from two Guy's men, whose combined consecutive attendance at the Hospital spanned more than one generation, but nevertheless fervently believe in change where change is indicated.

To recall those halcyon days—the medical student was the one person to conduct total patient care in the true sense of the word. He met the patient on the day of admission (Sundays included) and made the official Hospital record in terms of history and examination. Certain minor but important investigations would be done by the student, and in many instances lumbar puncture, chest aspirations and even appendicectomy might be his fortune. On the surgical wards the patient was taken to the operating theatre by his dresser, who in those days indeed lived up to his name and performed most of the post-operative dressings on his patient. It could be guaranteed that no patient was ever placed on an operating table for performance of an incorrect procedure.

When one of us was surgical registrar, just over ten years ago, the wind of change had begun to blow and students were unwilling to arrive at the Hospital at 0800 hours to perform such investigations as glucose tolerance tests and the then popular gastric analysis.

Today we read that the student is no longer willing to take blood from his patient but hopes to leave it to the phlebotomists because the Greenwich and District Hospital has such services. Surely he must realise that the experienced student phlebotomist of today is the able and confident House Officer of the future, who can take blood from the collapsed patient and insert an intravenous cannula deftly in the Accident Department. It is only after five hundred or so vene punctures that one can say "I am now a phlebotomist", and we dread to observe the hesitant and incompetent attacks on veins by the House Officers of the future if Mr. Wilkinson has his way.

We both work in a District General Hospital that employs phlebotomists and we certainly recognise the important part they play in the smooth running of the clinical situation. However, with the expansion of the Cambridge University Clinical Medical School, and the envisaged deployment of students to our hospitals, we visualise that this phlebotomy service will be shared between student and professional so that experience in this essential practical procedure can be obtained.

To claim that the student is working unpaid for the National Health Service is incorrect. We would remind Mr. Wilkinson that his Local Authority grant comes from the tax payer and rate payer and his education in the Medical School is heavily subsidised by the tax payer through central government and the University Grants Committee. Student phlebotomy is therefore a small return for the State's interest in his future.

Yours faithfully,

B. A. ROSS,
A. BATTY SHAW.

Norfolk and Norwich Institute for Medical Education,
Norfolk and Norwich Hospital,
Norwich, Norfolk, NOR 53A.

Proper Guy's Duty

SIR,—We were saddened to see in the issue of the *Gazette* of 25th October the letter appearing over the name of David Wilkinson in which he complains of having to take blood specimens from patients.

He is a student, he says, and such unacademic and pedestrian tasks should be carried out by phlebotomists paid by the N.H.S.

Does he not realise that, even in his exalted position of student, the taking of blood might well afford him opportunities not merely of improving his technique, but of getting to know more and more patients and of learning how to handle the various types of people whom it will be his later task to treat?

One of the prides of Guy's in our day was that the student was a member of the therapeutic team; we took blood, we tested urine and did blood counts, even blood-sugar estimations. We pushed trolleys with patients on them and chatted to them the while.

Dear Mr. Wilkinson, don't resent these humble tasks. Medicine is not only a subject to be learned, but also an art to be practised. Come off your academic mountain; get your sleeves rolled up and go to it. For, if you do not, we do assure you, you will never become a "proper Guy's doctor".

J. C. JENKINS, *Consultant E.N.T. Surgeon,*
BRIAN D. JOHNSON, *Consultant Anaesthetist.*

The Leicester Royal Infirmary,
Leicester, LE1 5WW.

Student Duty

SIR,—If Mr. Wilkinson does not consider "the management and care of the hospital patient" to be part of his education, then it would seem that his Local Authority grant is inappropriate.

Yours faithfully,

Dr. A. HORNER.

East Cottage,
Beaminster, Dorset.

Phlebotomy

SIR,—In reply to Mr. Wilkinson's letter on phlebotomy, I should like to draw attention to the survey on phlebotomy written up in the 1971 issue of the *Gazette*, Volume 85, page 627 and to the subsequent correspondence on page 663 of Volume 85 and page 16 of Volume 86.

The subject of phlebotomy was aired fairly fully at that time and reference to this information might, I think, save unnecessary repetition in your columns.

Yours faithfully,

T. M. COLTART.

Department of Obstetrics and Gynaecology,
Guy's Hospital, London, S.E.1.

The Academic Slum

SIR,—In the October issue Professor Haslewood mentioned the Tower Block Development both in "News in Brief" and in a message to Freshers. He rightly praised the new amenities, voicing the general pleasure in these magnificent new premises. He also wrote of the potential risk of "a further divisive effect" on contacts between those in the Tower and the rest of us. The word "further" is particularly appropriate: despite their proximity there is—to some degree inevitably—a regrettable division between Hospital and School. The former has been greatly (though not entirely) renovated of late, whereas most of the School's departments are still crammed into the down-at-heel building which became known, during the last U.G.C. Visitation, as an "academic slum"—an expression apparently coined by one of the Visitors and immediately adopted on all sides.

Professor Haslewood goes on to bewail the delapidated state of buildings adjoining the Park, and surely the most run-down of these is the School itself. Its "planning", a series of extensions and improvisations, recalls the committee which designed the camel. Its frontages to the Borough High Street, the entrance for many, are disgracefully ugly and untidy. Internal dilapidation is obvious, as Professor Haslewood's jeremiad may imply. Yet it is not in this that the Medical School contrasts so abjectly with the great new Hospital buildings successively erected in recent years, but rather in the shameful overcrowding of the School. This gross inbalance has been reached at the worst possible time in economic terms, and it puts our School very near the "bottom of the league". Like Professor Haslewood, one may make optimistic noises; but clarion calls and stoutly voiced convictions cannot obscure the crude facts. Our pre-clinical students and staff are condemned to buildings long out-of-date, grossly over-crowded, deficient even in elementary amenities,—in short, an "academic slum" indeed. It must house not only the older, major departments but also new curricular developments. The packing of additional staff into the over-populated School brings fast upon our sincere welcome an equally felt regret that they too must share, and unfortunately exacerbate the already acute congestion. Similarly, pleasing though it be that the Department of Medicine has elected to remain with us, rather than to enjoy the advantages of the Tower, this decision, together with the imminent arrival of Community Medicine, can only aggravate conditions.

Staff are already so poorly accommodated that the dual university roles of teaching and research are seriously impeded. Add to the over-crowded scene 300 students throughout 33 weeks of the year, and the inefficiency and inadequacies become blatant. Laboratories, practical and tutorial rooms, even lecture theatres, are insufficient for such numbers. This situation, though worsening year by year, is not new; it has dictated a stultifying reduplication of classes for so long that the habit is accepted as normal. Reduplication has bedevilled our time-table for many years; with a new and improved curriculum these difficulties are well-nigh unmanageable. Its full potential cannot be implemented, as a direct result of inadequate and out-moded teaching rooms. These are the worst in London schools and difficult to match in the provinces. Lecture theatres are intolerably overcrowded and the tutorial system is distorted and held back by lack of room.

Faraday's injunction,—to learn to file with a saw and to saw with a file,—can be a facile cover for failure to provide. Genius may operate thus; the less ingenious require something more appropriate to needs if they are to exploit their lesser talents. Morale, as Professor Haslewood avers, is still high; we have many energetic and talented individuals in teaching and research. Our intake of students has probably never been better. The latter have no experience of other schools: their comparisons will come later. But our staff are here continuously, and most are fully aware of conditions elsewhere; the comparisons are plain and disquieting. Of course, there are other factors. This is in many ways a pleasant place to work; much loyalty

is apparent. But we have no monopolies; even the most loyal and certainly the most able, do not invariably resist the lure of better working conditions. We have no peculiar local immunity against frustration. It is therefore unrealistic to suppose that loyalty alone will, or indeed should, restrain our most able people from exploiting their full potentials elsewhere.

Of course, there is no easy solution. Dilapidation can be "papered over" once again, but our School buildings are beyond further botching or extension. The Dental School, whose need was indeed great, has found new and relatively palatial quarters in the Tower, a source of general pleasure and approval. The Medical School must presumably continue to watch, decade after decade, the appearance of a series of fine new Hospital buildings,—and applauding them, though with increasing envy and disapproval of such lopsided development in our Centre,—a Hospital reborn and a crippled School. This marked imbalance, likely to accentuate the "diviseness" described by Professor Haslewood, must be seen for what it is. It cannot be swept under the carpet by a committee. Its cure will be difficult and probably lengthy; but the ailment is severe and dangerous. Particularly must it be recognised by our friends and colleagues in the Hospital, for only general recognition can reverse the tendency of which Professor Haslewood has given such a timely reminder and prevent advancing damage to this Medical School, at both clinical and preclinical levels. Haphazard staff reductions, thrust upon us by present financial stress, are one thing and they may, as all hope, prove temporary. But far more serious is the dispersal of talented individuals to more attractive places, especially but not only at the younger end, a movement already discernible. The combination of a shrinking staff and highly unsatisfactory conditions could prove a "vicious circle", perhaps beyond recovery. A diminishing core of professional staff, eked out by temporary instructors and others, would fail to provide the necessary prelude to the clinical years. Might not the attractiveness of our medical school to students then begin to fade ? The danger is clear. Some may favour a purely instructional kind of course, a sort of preclinical polytechnic. Surely few really subscribe to such folly.

If Guy's Hospital and its Medical School is to maintain its high repute, founded upon the few who have proved great and the many who have achieved excellence in all branches of medicine and medical sciences, it must overcome the parochialism inherent in "Guy's" or "Guy's Hospital". It is and has long been a complete medical school with an increasing array of clinical, preclinical and even premedical departments. Unfortunately clinical disciplines are closely united with the clinical services of the Hospital, leaving preclinical activities apart as a kind of academic Cinderella. All concerned suffer from this separation, which is particularly damaging in London medical schools, divorced as they are, for all practical purposes, from the proximity and influence of other university faculties. These schools have necessarily generated their own science departments, sometimes with outstanding success: but development has often lacked conviction, falling short of the size and professionalism of twentieth century university departments outside London. Perhaps the "hospital" influence is sometimes too overbearing, tending to repress the preclinical moiety of a medical school into a junior and even neglected position. And yet, eminent individuals, as judged internationally in their own field, frequently emerge in the preclinical discipline, adding a lustre to their own schools which is sometimes least recognised therein.

This kind of divisiveness, which so many deplore and strive to obliterate for the common good, is nevertheless apparent in our centre. Surely, amongst so large and excellent a community, engaged together in learning and practice, there is wisdom enough to recognise the causes, sufficient determination to eliminate them, and a desire to weld our School, at all levels, into a forward-looking unity of purpose.

Yours faithfully,

ROGER WARWICK.

Department of Anatomy,
Guy's Hospital Medical School,
London, S.E.1.

Guy's at Bay

SIR,—Those associated with Guy's must be disturbed to read Prof. Haslewood's criticism, in the October edition of the *Gazette,* of the deplorable state of the Park and its surroundings.

As one who has known Guy's over many years, may I say how very much I agree with what Prof. Haslewood has written about the general untidiness and neglected appearance of the Park. Never before, except during the war, have I seen it in such a deplorable state. At one time its appearance was a source of pride and joy—now one cannot help feeling ashamed at the deplorable picture which confronts anyone walking through the Park.

Is it too much to hope that the new administrators will devote their urgent attention to his problem ?

Yours faithfully,

F. S. WARNER.

Flat 11,
115a Ridgway,
Wimbledon, SW19 4RL.

Cigarette Manufacturers' Sponsorship of Rugby

SIR,—Dr. David Gullick's letter of the 27th September was considered at a recent meeting of the Guy's R.F.C. Committee. Many of us were in sympathy with him over the question of smoking. We felt, however, that it would be most hypocritical for the Club to resign from the Rugby Union since many rugby players, who know the risks involved, still persist in smoking. We do not believe, moreover, that the acceptance of sponsorship from the cigarette companies will lead to an increase in smoking, merely to the selection of a particular brand by those already addicted.

It is up to those who do not smoke to continue persuading those who do to give it up in order to put more effort into their game, whether it is sponsored or not.

Yours faithfully,

T. L. T. LEWIS, F.R.C.S., F.R.C.O.G.,
President, Guy's Hospital Rugby Football Club.

109 Harley Street,
London, W1N 1DG.

Thatchings

SIR,—It is with regret that I have read that "Thatchings" is no longer a part of Guy's. I simply cannot let the loss of this "institution" pass without adding a word of tribute from someone who greatly enjoyed its amenities a quarter of a century ago.

I have been looking at some old diaries and I discover that I spent a total of 186 days at the place, spread over 42 visits. This was during my last three years as a student. I wonder if it is a record?

In those days "Thatchings" was managed by Mr. Edgar Lewis and his wife, whose excellent cuisine was always a great attraction. I feel that they should be remembered at this time.

May I, on behalf of all my old colleagues and friends with whom I share so many, happy, hilarious and frequently hectic holidays thank the Askew family and the Trustees for the many years that "Thatchings" flourished. Old memories die hard !

Yours faithfully,

LEONARD WILDER.

103a Golders Green Road,
London, N.W.11.

Pupils' Physical Society

SIR,—While most clubs and societies at Guy's are accustomed to a cyclic variation in their activity and support, there is now a risk that the Pupils' Physical Society may drift into total extinction simply because the present clinical students are unaware of its existence, traditions and potential. The Society is descended in a direct line from the "Physical Society" founded in 1771 as the very first medical society in London. In 1830 it was taken over by the students and for over 140 years functioned as a students' organisation. In the recent past it has been run by clinical students with the co-operation of an Honorary Secretary, normally a member of the Junior Staff. Meetings were held at approximately fortnightly intervals during the academic year, and included one annual address given by an invited speaker. To quote from its constitution: "Meetings may take varied forms including clinical examination of patients, student papers on medical or scientific topics. symposia, debates, clinical or pathological quizzes, visits to places of medical interest and joint meetings with other medical societies". The Society has the Beddard and the Laidlaw prizes to award for the best student presentations of each year.

The Society was functioning successfully only a few years ago, and I imagine that many students in their clinical years would appreciate the chance to take the initiative in organizing their own meetings and stimulating high standards for clinical work. Perhaps those who are interested in the possibility of resuscitating this Society could write to me so that a meeting can be arranged.

Yours faithfully,

BRENDAN HICKS, *Clinical Tutor.*

Guy's Hospital Medical School,
London, S.E.1.

Old Boys' Sports Club

SIR,—I should like to make use of your columns to announce the foundation of a social sports club comprising largely but not exclusively, from the students who entered in 1971. The impetus for this project has arisen from those members of the 2nd and 3rd XI hockey and 2nd XI cricket teams in recent years.

An inaugural meeting of the nucleus of members was held at Honor Oak Park on Sunday, 19th October, 1975, and the organizational demands of the proposed club were discussed. A secretary was elected for the coming year and it was hoped to arrange six hockey and six cricket fixtures annually, and to support any other activities which might be suggested, notably football and squash. Plans for an annual hockey tour of Paignton are already in hand. It was decided not to decide on policy concerning elegibility for membership other than that applicants should have been a student at Guy's. In this way, a continual flow of new members from subsequent generations of "Spirochaetes" is contemplated. While ex-Guy's students are automatically life members of the Clubs Union, the Club could therefore use some of the facilities at H.O.P. by arrangement; it would otherwise have to be financially self-supporting. An entry fee of £5 was therefore agreed upon and an annual subscription is to be fixed at a later date when the expense requirements become clearer. About 30 students have so far joined the Club and application from others will be welcomed. The Club's athletic activities will begin on Sunday, 11th January, 1976, with a hockey match against the "Spirochaetes."

Yours faithfully,

DAVID J. COLE, *Honorary Secretary.*

c/o East Wing,
Guy's Hospital, London, S.E.1.

Christianity at Guy's

SIR,—It was sad to find in the Freshers' edition of the *Gazette* no mention of the Chapel or reference to the Christian work so extensively carried out in the Hospital.

Yours faithfully,

GRACE CAULFIELD, S.R.N. S.C.M.
(née Smyth).

Fairfield Cottage,
14 Somerset Road,
Ferring, West Sussex,
BN12 5QA

Charity Lunch—6th November

SIR,—After a hard morning's work we were all well pleased with the £44.34½ raised in aid of "TEAR Fund". The event was successful not only in terms of the amount raised but also the attendance was very good and we are fairly certain nobody left feeling hungry! Thanks are due to our friends in the Borough Market who supplied fruit and vegetables at extremely reasonable rates. Furthermore, there was a marvellous effort from the girls of the C.U. in terms of cakes produced, not to mention the hectic sandwich making throughout the luncheon. In particular, thanks to Judith Popplewell for running the kitchen and Nick Surridge for providing the music. All in all it was a splendid team effort which we hope to repeat in the future.

Yours faithfully,

J. A. HANCOCK.

Guy's Hospital Christian Union,
c/o East Wing,
Guy's Hospital, S.E.1.

Barbara Stevenson

SIR,—I should like to avail myself of space in your columns to express my sincere thanks to all my friends who contributed so generously to the present given to me on my retirement, and for everyone's good wishes. I would also like to take this opportunity to thank the many friends I have made in the various departments of the Hospital for the help and support they have given me during the years I have worked at Guy's.

Yours faithfully,

BARBARA N. STEVENSON
(formerly Senior Nursing Officer, Midwifery).

15 Malvern Close,
Surbiton, Surrey, KT6 7UG.

Arthur Wallis

SIR,—I should like through the *Guy's Hospital Gazette*, to thank all my friends who so generously contributed to my retirement gift. I also wish to thank the large number of friends who sent letters of good wishes.

Yours faithfully,

ARTHUR WALLIS.

3 Merryfield Road,
Storrington,
Pulborough, Sussex.

SPORT

Sports Commentary

One of the disadvantages about any college sport is that very often, facts concerning the lesser known clubs are not well publicised. The fault may lie with the officials of the clubs concerned but it seems more likely that it is sadly tied up with general apathy; where many non-active sportsmen take a vague interest in, for example, rugby, very few will take a similar line in sailing. Admittedly, sailing does not have the national support enjoyed by rugby, but in any college, the ideal is that the differential is reduced.

As it happens, the Sailing Club is at present more active than many people might think, and is being very successful. As well as indulging in League Sailing nearly every Wednesday, they won the Rosenheim Cup, an Inter-Hospital competition for Freshers which recently took place at Burnham-on-Crouch. The fast-growing Badminton Club is now turning out weekly teams. The 1st XV have apparently turned another corner with recent wins over Osterley (16-15) and Old Merchant Taylors' (22-3). John Twomey's Angels/Fourth XV are claiming two wins, one draw, and three moral wins (that means losses). The Spirochaetes Hockey team notched up another important landmark in their somewhat chequered career—their first win, against Old Tauntonians 1-0, since beating the Red Lions in Paignton by 2-0 at Easter 1974. Conversely the 1st XI Hockey suffered their first League defeat of the Season at Canterbury against a rather savage University of Kent side by 4-1. Even though the home side were polite off the field, they will not win much respect for games like this in which three sticks were broken and someone lost a tooth! Never have so many sticks been broken in any Guy's 1st XI match, and volatile though our side may be at times, our temperament does not change that much from week to week. A rather tough draw in the U.L. Cup preliminary round against The London Hospital saw Guy's go out 3-1. However, a side is being formed and the respective roles of 2nd and 3rd XI Captains, David Cole and Alistair Smith are not unnoticed and are much appreciated. The Squash Club soldiers on. Several 2-3 defeats in the Cumberland Cup have put them near the bottom of their division but this was to be expected as many players are unfit due to examination onslaught. Particular thanks should go to R.N.C. Greenwich for their hospitality recently, good as it always is, especially as Guy's were thoughtless enough to win 5-1.

RUGBY

Guy's 15 vs. Oxford City 28

Saturday, 25th October, at Oxford.

A succession of disastrous results has not helped the cause of rugby at Guy's. Nevertheless, supporters may be assured that the Club is endowed with considerable resilience and remains in good heart. Paradoxically, training evenings are more numerously and enthusiastically attended than for several years. The junior sides have so far been a good deal more successful than the first and second fifteens and this is good news.

The game at Oxford was an interesting affair. Losing can become a habit and despite the pre-match rhetoric, Guy's began the game with typical lethargy and an apparent resignation. Within 15 minutes the side was losing by 15 points to nil having conceded two goals and one penalty. In the minutes before half-time there was a brief resurgence of interest by the Guy's players and it was clear that their performance had so far belied their talent.

After the break, Guy's played with increasing confidence. No longer pushed in the scrums, they succeeded in winning clean possession. Although not outstanding, the rucking was efficient enough to secure a further bonus of good possession.

Portelly scored a try which Danford converted from near the touchline. A little later, West intercepted a pass and scored beneath the posts. Danford converted this and added a penalty to the Guy's total. With the score at 15-15 and the Hospital having retrieved their confidence, it seemed probable that they would now take the lead. Unfortunately some poorly conceived kicking by Guy's gave Oxford undeserved possession which resulted in a further goal and try which blurred the Guy's attacking spirit. It seemed folly and a little unjust that Guy's should start by granting their opposition a large lead within minutes, that they should fight hard and with some skill to restore the situation for most of the game and then to lose the match by a short lapse of concentration and poor tactical kicking. One hopes that they will learn from their mistakes.

Team: T. Want, T. Gibson, E. Wheelwright, S. Challacombe, B. Hagan, L. Hughes, J. Brazier, P. Loxton, R. Laws, R. Moore, S. West, M. Broughton, A. Portelly, G. Francis, M. Danford.

T.G.

Guy's 16 vs. Osterley 15

Saturday, 8th November, at H.O.P.

To win against indifferent opposition and by such a margin can hardly be considered a triumph. Nevertheless, Guy's deserve some credit for sticking to their task. If their dogged approach could be matched with inventiveness and vigilance, victories could be achieved with greater facility.

The first half was characterized by a vigorous struggle between opposing forwards and by lost opportunities. As the game progressed the Guy's pack asserted unaccustomed dominance but despite a steady flow of possession the backs failed to make any impression on the Osterley defence. At half-time Guy's led by a solitary penalty kicked by Moore.

Guy's might have been expected to restart with a flourish and add to their score with ease, particularly since an opposing forward had been ordered from the field for foul play. Instead they continued to make heavy weather of it. Increasingly, the attack was taken up by the back-row in concert with Laws at scrum-half. Hagan eventually scored a long awaited try which Moore converted. Osterley were not awed and with less than half the possession, scored three opportunist tries, two of which demonstrated the awful inadequacy of the Guy's defence. Both teams added a penalty to their totals so that with fifteen minutes remaining, Guy's were losing 12-15.

The Hospital forwards increased their efforts and forced play up to the Osterley line where it stayed for the remainder of the game. Despite forward superiority and territorial advantage there was a lengthy period of frustration before Francis breached the Osterley defence after a blind-side break.

Team: R. Fitch, T. Gibson, I. Neale, J. Fitzgerald Frazer, S. Challacombe, J. Brazier, P. Loxton, B. Hagan, R. Laws, R. Moore, A. Portelly, S. West, L. Hughes, G. Francis, M. Broughton.

T.G.

Guy's 22 vs. Old Merchant Taylors 3

Saturday, 15th November, at H.O.P.

This was not a bad performance by Guy's. There were a number of areas in which visible improvements were apparent, notably in the line-outs, the speed of passing and not least, a greater sense of purpose amongst the backs. The pack obtained a flow of good possession but their performance was marred by inconsistency and a tendency to rest on their laurels.

The game began well for the Hospital. Play remained on or near the O.M.T. line during the opening phase. An opportunity for an early score was lost when a kick into the corner could have been pounced on by a Guy's player whose resolve faltered at the crucial moment. The scoring was opened by O.M.T. who kicked a penalty after their first incursion into the Guy's half.

After resuming the attack, Guy's again established themselves in a scoring position. Portelly seized his chance during an orthodox move and from that moment it was clear that the O.M.T. defence was lacking. A second try by Brazier followed a heel against the head and a quick pick-up.

After the break, Guy's continued to exercise control of the line-outs in which Challacombe and Fitzgerald Frazer performed excellent work. The scrummaging was initially efficient but was increasingly disrupted by the O.M.T. front row to Guy's disadvantage. An injury to Laws at scrum-half further hampered the Hospital's efforts in the tight.

There were several well supported runs by the Guy's forwards and Hagan was held just short of the line several times. Three more tries were scored by Guy's, one of which was converted. These followed fine individual efforts by West, Challacombe and Portelly.

A gratifying victory but it remains to be seen whether the side can maintain winning form against more exacting opposition.

Team: I. Neill, T. Gibson, T. Want, J. Fitzgerald Frazer, S. Challacombe, J. Brazier, P. Loxton, B. Hagan, R. Laws, R. Moore, A. Portelly, L. Hughes, S. West, T. Wilkinson, M. Broughton.

T.G.

Guy's 2nd XV 23 vs. Osterley 2nd XV 10

Saturday, 8th November, at Osterley Park.

This was a sustained and co-ordinated team effort during which the side shrugged off the indifferent early season results. The pack gave fine service throughout the game to eager backs who suddenly realised their full potential.

After 15 minutes, Tim Wilkinson pounced on a loose ball and, despite an apparent burning desire to pass, managed to cover the 30 yards to the line before he could find anyone suitable. Chris McLauchlan converted and added a penalty goal soon after. Almost immediately Osterley scored a try which for a time looked likely to open the gate for them. But Guy's defence held and just before half-time Tim Stanley, looking surprised and bewildered, sprinted 45 yards down the right touchline to score in the corner.

The half-time score of 13-4 looked fragile when, with the strong wind in their favour, Osterley kicked two penalties soon after the resumption. However, some excellent balls from hooker Red Cording in the set pieces allied with sure handling and strong running by the threequarters produced two further tries for Guy's. The first, scored by Wilkinson following a dummy scissors in the centre, was converted by McLauchlan and then some fine support work and the odd side-step by Andy Campbell put Nick Capp over for the Hospital's final score.

Such was the new-found confidence of the side at this stage that the intense pressure applied by Osterley in the final 15 minutes was resisted with relative ease. The captain, usually so reticent, was seen to smile after the game !

Team : C. Robertson, R. Cording, G. Parry, T. Hutchinson, K. Foote, A. Campbell, M. Hammond, N. Capp, N. Kingdon, C. McLauchlan, J. Southgate, T. Wilkinson, T. Stanley, S. Watson (Capt.), I. Bryant.

S.A.W.

SOCCER

Guy's 1st XI 4 vs.
School of Slavonic & Eastern European Studies 1

Wednesday, 15th October, at Motspur Park.

After all their experimental sides and not-so-friendly friendlies, this was Guy's first game in the U.L. League after an absence of several years. S.S.E.E.S. proved at first to be a useful side, and it took the Hospital team, which was weakened by absence and injury, some time to come to grips with them. Catastrophe struck when Greg "Oxfam" Tamlyn decided on one of his special brands of back-passes, which the S.S.E.E.S. centre-forward gratefully slotted home, and this after only 30 seconds !

Greg looked suitably sheepish and continued to have a brilliant game from that moment on. He dominated a Guy's back four which seemed to have hours to spare in dealing with what little the S.S.E.E.S. attack had to offer. Roger Davies, substituting for "Madcap" Cole in goal, was so well protected that he hardly had a direct shot to save. His general handling is very safe however, and he inspires confidence throughout the team.

Guy's soon began to take the upper hand, and newcomer Paul Sheppard gave us a 2-1 half-time lead with two beautifully-taken goals. This lad is just what the 1st XI have been looking for—fast, brave, and able to win the ball in the air under pressure. He completed a well-deserved debut hat-trick with a great drive just into the second half.

Guy's were on top now, playing some really good football and it came as no surprise when Steve Evans fastened on to a misdirected goal kick to slot home the fourth goal.

Team: Davies, Rees, Trembath, Tamlyn, Kipling, Wilson, Karani, Redfern, Underwood (K), Sheppard, Evans.

S.F.E.

Guy's 1st XI 3 vs. Royal Veterinary College 2

Saturday, 18th October, at H.O.P.

Guy's notched-up another home victory, but really made hard work of it against a determined Vets' side out to improve on last year's league position. An exciting first half looked set to end in stalemate until Greg Tamlyn leaped high above the defence to power home a majestic headed goal.

The second half started with Guy's well on top, but lacking their earlier co-ordination, and they paid the penalty when they were stung by two well-taken goals from the Vets. It was some minutes before composure was regained, but Guy's drew level again when John Karani hit a spectacular long range effort which the Vets' keeper elected to dive over the top of !

Just as it seemed that a draw was inevitable, a miracle occurred. Phil "The Drinker" Hunt, drafted back into the first XI in the absence of skipper Ian Wilson, made it 3-2 for Guy's. Obviously feeling the effects of the previous evenings ribaldry, he was vainly trying to keep-up with an attack when the Vets' keeper parried a close range effort right onto his foot. With out even breaking into a run, Phil slammed the ball inside the post and sank to the pitch in disbelief and acute ethanol withdrawal. Stalwart defence, with Trotter and Tamlyn outstanding, enabled Guy's to hang on until the final whistle for a well-deserved victory.

Team: Evans (R), Rees, Trotter, Tamlyn, Kipling, Hunt, Collett, Karani, Underwood (K), Evans (S.F.L.), Redfern.

S.F.E.

Guy's 1st XI 4 vs. Royal School of Mines 2

Saturday 25th October, at Heathrow.

Crowd : 5 (including Keith's dad.)

The events of the day started with the innovation of a hired minibus which was meant to ensure that everyone arrived at the ground together and reasonably on time. Of course this didn't work and we got lost in the precincts of a hostelry called the "Red Lion", somewhere near Staines. Despite this, and despite Mr. Tamlyn being somewhat vociferous in his criticism of the driving, we arrived wth five minutes to spare.

Although R.S.M. finished fourth in the U.L. League last season, they really provided very little serious opposition. However, the Guy's attack seemed hopelessly out of touch despite some tireless running from Collett and Wilson in midfield. Several chances went begging and it was no surprise when R.S.M. rifled two breakaway goals. Heads went down in the Guy's team and only an extremely benevolent back-pass from an R.S.M. fullback to Ian Redfern allowed us back into the game.

Just before half-time, Keith (don't I know his brother) Underwood grabbed the equaliser after Evans had somewhat dubiously scrambled the ball away from the opposition keeper. Ian Wilson, of course, had words at half-time, and it was a rejuvenated Guy's who joined the affray after the break. After only two minutes a flowing midfield move split the R.S.M. defence, and allowed Wilson to hammer home a well-earned goal.

After this, Guy's tended to sit on their backsides and watch the game go by—fortunately the back four continued to improve and no more goals were conceded. Greg Tamlyn had yet another superb game. John Karani, deputising in goal, looked remarkably safe and his distribution and positioning were excellent. This man must be bionic !

Dave Kipling must be outright leader in the "Foul of the Year" competition this time. One of his *very* late efforts was masterful in its sheer brutality. Kev Brame must be shaking in his boots. Ten minutes from time Steve (Luigi) Evans made it safe with a great individual effort for the fourth goal, crowning what must have been his most appalling game for years.

So—six points from three games and the 1st XI are riding high in the U.L. league. We hope they can remain there.

Team: Karani, Rees, Trotter, Tamlyn, Kipling, Wilson, Perkins, Collett, Underwood (K), Evans, Redfern.

S.F.E.

Guy's 1st XI 5 vs. Chelsea College 1

Wednesday, 29th October, at H.O.P.

Chelsea, riding high in the U.L. 1st division, came to H.O.P. obviously expecting both points. Guy's had other ideas, however, as was proved in a thrilling and sporting match marred only by some rather unusual refereeing decisions.

The early exchanges were fast and no hold was given. Guy's eventually took the lead when Redfern beat his full-back and pulled over a superb cross which Paul Sheppard nonchalantly flicked home inside the far post. An equaliser from Chelsea came within two minutes but Guy's bounced back and skipper Ian Wilson hammered home a tremendous left foot volley into the top corner. Astonishingly, the ball found its way out of a hole in the net and the referee elected that no goal had been scored. Collett nearly ended up in the official's notebook for his somewhat vociferous protest!

The referee obviously felt guilty, and soon after awarded a dubious penalty for a foul on Sheppard. Steve Evans made no mistake from the spot and Guy's were in front again, remaining 2-1 up at half-time.

Pressure really started to be applied after the restart, and an obvious push, again on Sheppard, resulted in the referee once more pointing to the spot. Evans made it 3-1. Guy's continued to come forward, and went further ahead when Steve Evans completed his hat-trick by powering home a header from Wilson's corner.

The Guy's defence, with Trotter outstanding despite an undistinguished first half, soaked-up all Chelsea had to offer, and opposition forwards frequently found themselves offside only yards into the Guy's half.

Further Guy's pressure near the final whistle ended in a Chelsea defender handling in the area, and the referee, already unpopular with the away side, had no alternative but to award Guy's a third penalty. Luigi Evans slotted in his fourth goal from the kick to make the final result 5-1 in Guy's favour, taking the team to the top of the league.

Team : Davies, Rees, Trotter, Tamlyn, Kipling, Wilson Collett, Karani, Evans, Sheppard, Redfern.

S.F.E.

Guy's 1st XI 6 vs. Westfield College 3

Saturday, 1st November, at H.O.P.

Guy's started this game top of the U.L. 1st division, and actually played like league leaders. The early play was slow and thoughtful with some delightful passing and cultured build-ups. Still, it took a handball and the consequent penalty decision to put Guy's in front; Steve Evans converting his fourth spot-kick in two games. Perkins made it 2-0 with a superb shot which went in off a post, and Ian Wilson cannoned home a brilliant left foot drive for the third.

Guy's went off at half-time 4-0 up after a beautifully-worked goal just on half-time. Perkins hit an inch-perfect centre from the right wing and Evans beat off the challenge of two Westfield defenders to nod the ball home.

Guy's smooth attacking play continued in the second-half, and after five minutes Steve (Luigi) Evans completed his hat-trick, stabbing home a spinning ball which the Westfield 'keeper failed to hold. The team seemed to be cruising home, until a substitution took off a 'flu-stricken Geoff Trotter and re-organised the defence. Unhappily, only two minutes later veteran midfield-man John Karani received a nasty blow to the face whilst bravely going for a loose ball between two Westfield defenders. He ended up on Job Ward with a fractured zygoma. Fortunately an operation on Sunday put things right, but John will probably be out at least until Christmas.

This seemed to knock the team out of rhythm and Westfield pulled back three goals very quickly and far too easily. Fortunately Dave Kipling (or "The Assassin", as he is affectionately known) made things safe with his first-ever goal for Guy's. He blasted home from all of six inches after a low cross from Evans on the right.

All in all a very comfortable win, but one which should have been made that much easier.

Team :Davies, Rees, Tamlyn, Trotter, Kipling, Karani, Wilson, Collett, Evans, Redfern, Perkins. Substitute : Underwood (K).

S.F.E.

Guy's 2nd XI 8 vs. Imperial College 6th XI 0

Wednesday, 29th October, Away.

Yet again the 2nd XI hit the goal scoring touch with another eight goals to follow the sixteen scored the previous Saturday.

Keith Underwood opened the scoring with a fine shot from the left The pattern was set with our back four confident and Richard Trembath

doing a magnificent job, sweeping up any lose balls. The midfield did not give I.C. an inch with their good hard running and tackling, supporting both forwards and defence.

Graham Smith made it 3-0 with a fine run on the right and John Earnshaw scored the fourth goal with a good shot from outside the box

The second half was only a few minutes old when John Earnshaw got his second hat-trick in four days with another shot from outside the box Graham Smith made it 6-0 and Phil Hunt, although handicapped by a injured leg, floated number seven in and Keith Underwood closed the issue with the final goal of the match.

Team: R. Evans, J. Harrison, J. Jodrozecski, R. Trembath, N. Maclaughlin, P. Hunt, T. Miller (Capt.), K. Underwood, D. Sheridan, J. Earnshaw, G. Smith.

T.D.U.M

BOAT CLUB

The Boston Marathon 1975

On Sunday, 21st September, Guy's Hospital Boat Club competed in the Boston Marathon. This race takes place on the river Witham; the start being in Lincoln and the finish in Boston—a distance of some 31 miles. This year the Club competed in a coxless IV. Unfortunately, due to various problems the crew were unable to have an outing prior to the start.

The crew travelled to Lincoln on the Saturday and stayed at the Lindum Hotel (Lindum being the old Roman name for Lincoln). The bar downstairs, provided some entertainment, being equipped with a large vibrating armchair, a ventriloquist's dummy and an electric organ—all very strange !

We prepared the IV early on Sunday and boated at about 11.30 a.m. Conditions were good—the water calm with a slight following wind. During the first few miles the crew gradually settled down and reached Bardney Lock (9 miles) in 55 minutes. Time was lost here in the congestion, and we only managed to extricate ourselves after losing about six minutes. Kirkstead Bridge (16 miles) was reached in 1 hour 15 minutes; Tattashall (21 miles) in 2½ hours and the finish in 3 hours 52 minutes 3 seconds.

We were placed second in our group, losing to Boston R.C. by 75 seconds, and came 16th overall in a field of about 130 crews. It was a very good effort.

Crew: S. Dave Norris; 3. Pete Rosie; 2. Graham Mason; B. Paul Robinson.

P. Rosie.

IV's Head, 1st November

Guy's I—101st
Guy's II—201st
Guy's III—225th

Out of an entry of 226 boats, these results are singularly inglorious; all crews losing a considerable amount of ground. However, the moral of the event is that fitness is essential. Hence may I slip in a reminder to all members that training takes place every Monday and Thursday at 5.15 p.m. in the Pavy Gym. Considering the lack of practice, the Guy's II had a good, but slow row. To be fair the Guy's III had sinking problems but in their infinite wisdom they had numerous beer cans with them that, once emptied, served well as bailers. It is indeed fortunate the P.L.A. does not carry breathalysers ! . . .

J.A.H.

SAILING

Rosenheim Cup, 25th October

Freshers from six hospitals competed in Enterprises for the Rosenheim Cup at Burnham-on-Crouch. Unfortunately, thick fog and a total lack of wind ruled out any sailing in the morning. We decided that we could not have a completely wasted day, so after a tour of the United Hospitals Sailing Club's new barge, a tour of the Burnham pubs was arranged. At 2.00 p.m. the more sober ones present decided to hold the competition after all, despite the absence of wind. Andrew Houghton, crewed by Simon Girling, from Guy's were in 2nd place after a good start. Rounding the first mark they forced their way through into the lead and from then on were unchallenged to the finish.

The United Hospitals barge is nearly completed, so it will soon be available as a clubhouse and a base for sailing. The Guy's Hospital Regatta will be held there later next year.

R.I.

UNIVERSITY OF LONDON LEAGUE

Guy's 8½ points vs. St. Thomas' 15 points

The first match for Guy's in this year's inter-collegiate league was held at the Welsh Harp on 5th November, against a team from St. Thomas' Hospital, in a light to moderate westerly breeze.

In the first race Guy's held first and second places at the first windward mark but, partly because of some unfortunate windshifts, the second boat had slipped to fourth at the end of the last heat. This left St. Thomas' in a winning combination, but one of their boats had to accept two penalty points after unsuccessfully trying to force a passage at the finishing mark—thus Guy's won the race by 5¾ to 7 points.

In the second race Guy's again got off to a good start, and managed to hold first and second places throughout. Guy's won the match by 8½ points to 15, a pleasing result considering that two of those who helmed had little previous experience of team racing.

United Hospitals Sailing Club Appeal

Most people who were familiar with the old U.H. clubhouse at Burnham-on-Crouch will appreciate that there was an urgent need for a replacement. This has been obtained in the shape of a barge, which is now moored close to the Royal Corinthian Yacht Club. Some £20,000 has been donated for the conversion of the original steel barge together with assistance in materials, expertise and labour, for which the Club is most grateful.

However, another £5,000 is required for the final phase of the fitting-out of the clubhouse, so that it may be ready for use next season. This money is required for the provision of water and electricity mains, connection to the local sewer, the cutting of port holes, and the completion of the interior.

The Club is appealing to friends and members, past and present, to help in reaching the target of £5,000 so that the work may be completed as soon as possible. If anyone would like further information, or a tour of the barge, please contact the Guy's Hospital Sailing Club via the East Wing, where donations may also be sent. (Cheques should be made payable to United Hospitals Sailing Club).

W. A. Sudell.

HOSPITAL INFORMATION

PASS LIST

EXAMINING BOARD IN ENGLAND

Final L.R.C.P., M.R.C.S.
October 1975

Pathology

T. R. D. Bell
P. A. Hogbin
P. M. A. Jenkinson
J. E. Marginson
I. G. Nicholson
G. G. Trotter

Medicine

Clare V. Bartlett
T. R. D. Bell
N. Bigwood
S. G. Brear
Louise A. Broughton
R. J. A. Butland
S. L. Clarke
D. P. Coates
A. J. Dawson
J. Dennison
P. H. Earnshaw
R. K. Farrell
P. M. Fenton
J. V. D. Gryf-Lowczowski
S. R. Killick
A. D. Mayer
Fiona J. Odle
R. G. Palmer
Rosemary L. Parry
M. W. Reeves
J. B. Salmon
P. B. Strigner
Anne G. Thomas
Sharon J. Van de Pette
G. W. G. Vevers
H. G. Vyas
A. West
Julie P. Wheate
I. R. White
Patricia M. White

Surgery

C. A. Akle
G. D. Aukland
Susan G. Barker
Brenda J. M. Bowles
K. G. Brame
J. C. Brander
M. J. Browne
R. J. A. Rutland
D. H. Carman
D. J. Cole
R. J. Ede
M. B. Ferris
C. A. Fox
J. V. D. Gryf-Lowczowski
D. C. Haiart
R. W. Hannaford
E. Hanner
A. G. Hellyar
P. A. Hogbin
Ursula J. Holdsworth
P. N. E. James
D. B. Jefferys
J. B. Karani
C. R. Kelsey
J. M. Lamberty
J. D. McArthur
J. R. Paterson
R. A. B. Perkins
C. G. Pinder
S. G. Read
A. C. Stewart
P. B. Strigner
J. S. Tapson
Heather M. J. Volk

Midwifery

N. Bigwood
R. J. A. Butland
M. C. C. Clapham
G. A. Davies
A. G. Hellyar
I. G. Nicholson
H. J. Southgate
J. Q. Trounce

UNIVERSITY OF LONDON

Examinations in Basic Medical Sciences and Pharmacology
September 1975

R. M. Terry
P. Twining

UNIVERSITY OF LONDON

Preliminary Examination for Studies in Medical Subjects
September 1975

Katherine A. Hart
Angela H. Mackenzie
S. Rawstorne

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.F.A.

July 1975

I. T. Campbell
G. L. Pryor
M. S. Nielsen

HOUSE APPOINTMENTS

1st December, 1975

House Physicians

Dr. Mann, Dr. Scott and Dr. Joiner — Mr. P. H. Kay, *3 months*; Mr. S. K. R. Johnson*, *3 months*

Dr. Hardick, Prof. Keen, Prof. Lessof and Dr. Dowling — Mr. T. J. Meredith, *3 months*; Mr. J. F. L. Shaw, *6 months*; Mr. P. Blake, *6 months*

Dr. Houston, Prof. Trounce and Dr. Knight — Mr. T. H. Lee, *3 months*; Mr. D. J. Nutt, *3 months*; Mr. N.W.T. Harradine, *6 months*

House Surgeons

Mr. Blackburn, Mr. Maynard and Mr. Ellis — Mr. I. C. Forgacs, *6 months*; Mr. K. D. Dawkins, *3 months*

Mr. Lawrie, Mr. Beard and Dr. Winter — Mrs. J. A. Langdon, *3 months*; Mr. P. N. Adams, *6 months*

Mr. Glover, Mr. O'Flynn and Mrs. McArthur — Mr. C. G. Langdon, *3 months*; Mr. S. M. Raper, *6 months*

Prof. McColl, Mr. Rendall and Mr. Bewick — Mr. M. S. Phillips, *3 months*; Mr. R. D. Ballantyne, *6 months*

Gynaecological House Surgeons

Mr. K. R. Mao, *3 months*
Mr. P. B. Strigner, *6 months*

Throat and Ear House Surgeon

Mr. I. J. Mackenzie, *3 months*
Mr. C. G. Pinder, *6 months*

Orthopaedic House Surgeons

Mr. C. J. D. Maile, *3 months*
Mr. S. J. Rose, *3 months*
Miss Z. F. Zaimi, *3 months*

Genito-Urinary House Surgeons

Mr. R. C. Parker, *3 months*
Mr. J. V. Gryf-Lowczowski, *6 months*

S.H.O. to the Renal and Transplant Unit

(S.H.O.) Mr. M. J. Brown, *3 months*
(S.H.O.) Mr. R. A. Metcalfe, *6 months*

Children's House Physicians

(S.H.O.) Dr. S. P. A. Rigden, *4 months*
(S.H.O.) Dr. F. W. Light, *3 months*
Dr. V. H. Livingstone, *6 months*
Dr. J. P. Lewis, *3 months*

Dr. D. M. Gillman
3 months
Dr. G. Tobin
6 months

Casualty Officers

(S.H.O.) Mr. J. A. Morgan
3 months
(S.H.O.) Mr. P. G. Reasbeck
3 months
(S.H.O.) Mr. B. D. Rix
3 months
(S.H.O.) Mr. L. D. Ross
3 months
(S.H.O.) Mr. C. R. A. Bevis
3 months
(S.H.O.) Miss M. E. Horgan
6 months
(S.H.O.) Mr. K. Muntabhorn
6 months

Resident Obstetricians

Mr. R. G. James
3 months
Mr. M. J. O. Coe
6 months

Neurological House Physician

Miss J. M. Kraaft
3 months

Dermatological House Physician

(S.H.O.) Mr. R. D. Armstrong
3 months

House Surgeons to the Thoracic Unit

(S.H.O.) Mr. G. H. Mirza
3 months
Mr. L. M. Rabb
6 months

Resident Anaesthetists

(S.H.O.) Mr. W.H. Konarzewski
3 months
(S.H.O.) Mr. N. K. Digby
3 months
(S.H.O.) Mr. A. R. Marsland
3 months
(S.H.O.) Vacant
6 months

S.H.O. to Nuffield House

(S.H.O.) Mr. W.J.F. Fitzpatrick
3 months
(S.H.O.) Vacant
6 months

House Physician in Child Psychiatry

(S.H.O.) Mr. P. Van Boxel
3 months

ST. OLAVE'S HOSPITAL

House Physicians — Mr. S. J. N. Daniell
3 months
Mr. P. G. Davies
6 months

House Surgeons — Mr. R. H. K. Marsh
3 months
Mrs. M. J. Ballantyne
6 months

Gynaecological House Surgeon S.H.O. in Psychiatry — Mr. R. Marwood
5 months

NEW CROSS HOSPITAL

House Physician in General Medicine with Geriatrics and Rheumatology — Mr. J. Wynne-Jones
3 months
Mr. H. W. Jones
6 months
Mr. J. C. E. Jones
3 months
Mr. R. J. A. Butland
6 months

Orthopaedic House Surgeons — See under Guy's

S.H.O. to the Rehabilitation Uuit — Mr. P. K. Tambar
3 months

BECKENHAM HOSPITAL

House Physician — Miss R. J. Deacon
3 months

House Surgeon — Mr. M. Kouriehe
3 months

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Hartley and Dr. Thomson — Mrs. P. A. Armstrong
3 months
Mr. H. G. Vyas
6 months

House Physician to Dr. Mallinson and Dr. Blower for 3 months and Dr. Eliot, Dr. Colover and Dept. of Chest Medicine for 3 months — Mr. J. B. Williamson
3 months
Mrs. H. Wright
3 months

House Surgeon to Mr. Williams, Mr. Park for 3 months and 3 months with Mr. Stoker and Mr. Candy — Mr. A. C. Chu
3 months
Mr. N. J. Dodd
3 months
Mr. S. A. Green
6 months
Mr. P. H. Rowlandson
6 months

House Physician to Dr. Mallinson — Miss A. P. Hemingway
6 months

House Surgeon to Mr. O'Flynn, Mr. Wilson and Mrs. Wengraf — Miss L.F.C. Lowenson
6 months

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases — Mr. P. J. Adams
3 months
Vacant
6 months

LEWISHAM HOSPITAL

House Physician to Dr. Price — Miss K. M. Spencer
6 months

House Physician to Dr. Stott — Miss C. M. Dicks-Mireaux
6 months

House Physician to Dr. Llewelyn-Smith — Miss J. M. Metcalfe
3 months

House Surgeon to Mr. Lynn Evans — Mr. A. J. Nicholls
6 months

House Surgeon to Mr. Ivo Smith — Mr. C. R. Kelsey
6 months

House Surgeon to Mr. Le Brun — Mr. P. Schofield
3 months

House Surgeon to Mr. Monty — Mr. E. C. Bray
6 months

House Surgeon to Mr. Cavendish — Mr. R. F. Massey
3 months

ORPINGTON HOSPITAL

House Surgeon to Mr. Wilding and Mr. Lam — Mr. D. K. Evans
6 months
Mr. J. Squire
6 months

House Surgeon to Mr. Walker-Brash and Mr. Ratnesar — Mr. C. I. Mackenzie
6 months

House Surgeon to Mr. Boxall and Miss Austin — Mr. S. G. Read
6 months

House Surgeon to Mr. Walker-Brash, Mr. Glasspool and Dermatology — Mr. G. E. A. Sparrow
3 months

House Physician to Dr. Southwell and Dr. Williams — Mr. G. R. Barker
3 months

PEMBURY HOSPITAL

House Surgeons — Mr. R. N. F. Spence
3 months
Mr. R. W. T. Nicholls
6 months

House Physicians — Mr. P. T. Townsend *3 months*; Miss E. A. Caffrey *6 months*; Mr. A. G. Hellyar *6 months*

ST. HELEN'S HOSPITAL—HASTINGS

House Physicians — Mr. P. M. Duckworth *3 months*; Miss N. L. K. Fagg *6 months*

ST. NICHOLAS HOSPITAL—PLUMSTEAD

House Physician to Dr. Scott — Miss M. G. Sharman *6 months*

BIRTHS

FALLOWFIELD: To Lesley (née Mason) and Tony Fallowfield on 10th October 1975 at Cuckfield Hospital, Sussex, a daughter, Caroline Jane, a sister for Jonathan.

DEATH

Mr. Felix Frances Brayfield, D.S.C., L.D.S., R.C.S.(Eng.), on 11th October, 1975.

CHANGES OF ADDRESS

Norman and Margot Cripps, White Lodge, Harbour Way, Old Bosham, W. Sussex, PO18 8QH. Tel. Bosham (0243) 573465.

Mrs. Patricia Maguire, "Fairways", 37 Hillside Drive, Castle Park, Dublin. Tel. 908723.

J. E. St. Pierre, B.D.S., Little Hammonds, London Road, Burgess Hill, Sussex.

Julian and Paulene Taylor, Park Farm, Hawkhurst, Kent. Tel. Hawkhurst 3515.

Judy M. Wild (née Laws), B.D.S., 61 Glebe Road, Trowbridge, Wilts. Tel. Trowbridge 5749.

PERSONAL

A BRIGHT cheerful ground floor dental surgery to let full or part time, used by previous Guy's man now retired. Long lease. Possibilities. Tel. 01-935 5153. 4 Upper Wimpole Street.

WELLING, KENT—12 miles central London. Associate wanted in three-surgery practice—view to partnership. Well established (40 years). Low seated equipment. 101 High Street, Welling. Tel. 01-303 4545.

PAPERS BY GUY'S MEN

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THE SIR COSMO AND LADY BONSOR *SCHOLARSHIP*

This Scholarship is awarded each year and applications are invited from members of the Guy's Hospital Nurses' League. The closing date is 15th December, 1975, and applications should be sent to the Honorary Secretary, Guy's Hospital Nurses' League, Nursing Administration, Guy's Hospital, London, S.E.1.

SENIOR HOUSE OFFICER IN PSYCHIATRY

Applications are invited for the post of Senior House Officer tenable from 1st January, 1976. This post is part of a comprehensive rotational training in general psychiatry within the Guy's Group of Hospitals. Successive attachments with different firms provide experience with the district psychiatric service; with psychiatric referrals from general wards; with psychiatric emergencies; and in the Professional Unit. There is training in various forms of psychotherapy. Trainees are encouraged to participate in research and are able to attend appropriate half-day release courses based at Guy's. Informal enquiries may be directed to Professor Watson, Tel. 407 7600, Ext. 3425.

Application forms may be obtained from and should be returned to the Clinical Superintendent, London, S.E.1, **not later than** 12th December, 1975.

REGISTRAR IN DERMATOLOGY

Applications are invited for the post of Registrar in Dermatology at Guy's Hospital to commence 1st January, 1976. Application forms are available from and should be returned to the Clinical Superintendent, Guy's Hospital, London, SE1 9RT **not later than** the 6th December, 1975.

ALFRED RYCROFT SCHOLARSHIP

Students in their final year are invited to apply for an award from The Alfred Rycroft Scholarship Fund to enable them to spend one month during the summer of 1976 at a dental school overseas such as Tufts (Boston) or the State University of New York at Buffalo. The value of the scholarship is likely to meet the cost of travel, board and lodging. It should be noted that successful applicants may be required to act as hosts to exchange students from abroad. Application forms may be obtained from the Dean's office and should be submitted by 15th December, 1975. The Sub-Dean of Dental Studies will be pleased to discuss the matter further with any student who is interested and an appointment can be made to see him by ringing Ext. 3352.

CHRISTMAS EDITION OF THE "GAZETTE"

The Editor should like to remind the readers of the "Gazette" and potential contributors that all copy (humourless or otherwise) for the traditional Christmas issue should reach the "Gazette" Office, 16 St. Thomas' Street, S.E.1, by Wednesday, 10th December, 1975. All Graffiti should be sent to Maida Bloomer and cartoons to Ada Grummitt, c/o "Gazette" Office, not earlier than 1st January, 1976.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date. Publication dates for the next three months are: 20th December, 31st January, 1976 and 28th February, 1976.

Copy may be sent to us at 16, St. Thomas' Street, S.E.1.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notice is at 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

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ASSISTANT EDITOR	P. TILLMAN
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SPORTS CORRESPONDENT	A. M. KINGON
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MANAGER	Mrs. L. PAYNE

MONTHLY 20 DECEMBER 1975 VOLUME 89 NUMBER 2253

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

ROYAL VISIT

It has been a memorable and important year at Guy's. Not only has the architectural profile been transformed but some great characters have left the Hospital. Some Guy's men will complain that the "loss" of key-men like Dr. Philip Helliwell and Mr. Arthur Wallis will not be balanced even by the combined edificial gains of Guy's Tower, Wolfson House, the Greenwood Theatre and the Orchard-Lisle Swimming Pool. Next year will see the retirement of more famous faces and the official opening of Guy's Tower. The Queen Mother, the Chancellor of the University of London, visited Wolfson House on 9th December and a splendid champagne reception was held in the foyer of the Greenwood Theatre. The occasion was enjoyable and well organised. A Who's Who selection of personalities crowded against the walls as the Queen Mother, resplendent in an emerald green coat and feathery hat and escorted by the Dean, was introduced by the Union President and Vice-President to a motley crew of about 20 anxious students. The Editors have just washed their hands after this event where, they say, a *Gazette* subscription form was discreetly slipped into the Queen Mother's left hand with the whispered message, "It's tax-deductable, Ma'am". Roll on 6th May!

Lord Robens welcomed the Queen Mother to Wolfson House and invited her to unveil the plaque. Her address was as follows:—

"As Chancellor of the University of London I am so happy to be here today. On behalf of the University, and on behalf of the School, I would like to thank all those who, by their generosity and support, have made possible the building of these study-bedrooms. It now gives me great pleasure to unveil this plaque to commemorate my visit to Wolfson House."

OVERTIME CLAUSE

At the Winter General Meeting of the Clubs' Union the students voted (over 100 to 4) to increase and continue their block subscription to the *Gazette*. This, we feel, was a crucial decision by the student body and bearing in mind the original issue at the General Meeting in May, one that brought a reassured and relieved sigh from the Editorial Staff. The matter may well be soon forgotten or only remembered as a misunderstanding by some students and their intolerance to the traditions of the *Gazette*. It is our belief, however, that Guy's students are a sensible group of young adults (as we have said before) who listen to reasoned debate and for the most part, we hope, enjoy reading the *Gazette*. With this in mind (and with tongue in cheek) the Editorial Staff are considering strike action for overtime pay. In addition we consider it astounding that a particular world figure does not receive overtime pay and exists (in all weathers) on a wage that has remained frozen for centuries!

We thank our contributors and subscribers for their continued support throughout the year. There are others who personally offer advice and suggestions and we appreciate this. In conclusion we should like to wish our readers a Merry Christmas and a Happy New Year.

NEWS IN BRIEF

Chair for Dr. C. L. Berry

We should like to congratulate Dr. Colin Berry, M.D., M.R.C.Path., on his appointment to the chair of Morbid Anatomy at the London Hospital Medical School. After qualifying from London in 1957 he has had appointments in London, served in the R.A.F. and was Senior Registrar at the Central Public Health Laboratory at Colindale, and visiting Lecturer at the London School of Hygiene and Tropical Medicine. Dr. Berry has been Reader in Pathology at Guy's Hospital Medical School.

New Consultant Appointment

We should like to welcome Dr. J. B. Pearce, M.B., B.S., M.R.C.P., M.R.C.Psych., D.C.H., who has recently been appointed Consultant to the Department of Child Psychiatry at Guy's Hospital. Dr. Pearce, who qualified at University College Hospital, had been Senior Registrar at the Maudsley Hospital.

Ian Munroe—New Editor of "The Lancet"

We should like to congratulate Dr. Ian Munroe, a former Editor of *The Gazette,* on his appointment to Editor of *The Lancet.*

Reunion Dinner—Years 1947-1953/4

A dinner for those medical students at Guy's during the above years was held at the Tower Hotel, Tower Bridge, on 27th September, 1975. Jimmy Goodliffe and Arthur Wallis with their wives were guests and the opportunity was taken to wish Arthur Wallis well in his retirement.

Each doctor was able to bring a guest and the presence of wives, husbands and invited guests made the evening memorable and enjoyable. In all, 43 out of a possible 90 ex-students attended from as far away as Africa and Canada, and the total sitting down to dinner was 76.

Contemporary *Gazettes* and photographs from up to 28 years ago were displayed in the foyer with letters from those unable to come.

The success of this reunion makes it hopeful that another dinner might be held in a non-Biennial year (perhaps 1979).

Those present at the dinner were:

Bruce Anderson, Tony Biddle, Bish Bishop, Jack Bullard, Anne Kirkbride, Jimmy Kirkbride, Donald Breeze, Norman Brooks, Roy Calne, Gerald Clarke, Tom Clarke, Dennis Duckworth, Peter Dunbar, Ron Francis, Ian Fuller, Jose Heylen, Paul Hirsch, John Hunt, Bob Jones, Kevin Kelly, Don Longmore, Charlie Lay, Cash Money, Pat Moore, Sheila Mullally, Eleanor Morrison, Jack Norell, Pam Ordish, Robin Orr, Nancy Page, Joe Parson, Jack Pryce, Ken Scott, Sydney Scott, Tom Stephen, Peter Stewart, Keith Strelling, David Tuddenham, Brian Tudgay, Prue Tunnadine, John Turk, June Whitney, Kevin Zilkha.

Sydney Scott.

Quodlibet Society

The Quodlibet Society was formed in 1958 with the aim of holding monthly meetings, after dinner, of an informal nature at which a Speaker read a short paper of general literary, historical or philosophical interest. This was followed by questions and discussion, and refreshments were served during the meetings.

Student interest in the Society has led to the formation of a new provisional committee under the Presidency of Professor Lessof. Anyone interested in further details should contact Mr. P. J. Razzell via the East Wing.

An opening meeting has been arranged for Tuesday, 27th January, 1976, when Dr. Michael Price, Consultant Physician to Lewisham Hospital, will present an illustrated talk entitled "What's the matter with Humpty Dumpty: The clinical aspects of the works of Lewis Carroll". This meeting will begin at 5.30 p.m. in the Robins Suite of the Tower Block.

Closure of Wards and Out-Patient Clinics at Christmas

It has been agreed to close the following wards over the Christmas period, 22nd December to 4th January inclusive:

St. Olave's Hospital:

Hunter Ward—Male Surgery.
Hope/Banting Wards—Female Surgery/Gynae.
Homeward Bound Unit.
Salter and Redriff—Investigation Wards.
Victoria Ward—Psychiatric.
Day Wards—Psychiatric.

New Cross Hospital

Garrod—Rheumatology.
Trethowan—Male Orthopaedic and Plastics.
Sydenham—Female Rheumatology.
Lambrinudi—Female Orthopaedic and Plastics
Hedley Atkins Unit—Breast Unit, 2 floors.

All Out-Patient Clinics in the Group will be closed from 24th December to 28th December inclusive and also on Thursday and Friday, 1st and 2nd January.

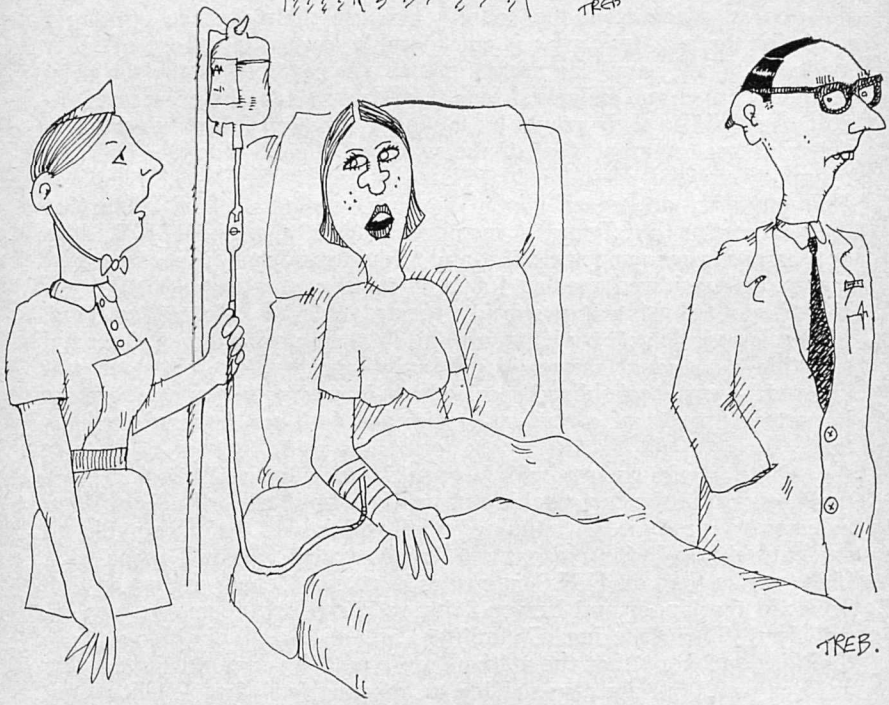
Clubs' Union Elections

Notice of Nominations for the Clubs' Union Elections will be posted on the East Wing notice boards at the very beginning of next term. Anyone interested in applying for a position should be nominated as soon as possible.

Extended Loan

The Department of Anatomy would welcome the return of a book borrowed (but not signed for) from its Library. The book is by Stephen Polyak and called The Vetebrate Visual System.

"Well if I've got Wernicke's Encephalopathy, who's got mine?"



Nurse: I see you're getting on O.K. with the drip.
Patient: Oh yes, Doctor Rumbelow is not too bad really when you get to know him.

CLUBS' UNION NEWS

Catering Problems

Friday, 28th November, was a rather sad day for many students and Medical School staff. The Nurses' Home closed their evening catering facilities to all Medical School personnel. Many students I have spoken to, appear to be confused about the catering set-up within Guy's. The Hospital and Medical School are two independent bodies within Guy's, the Hospital receiving most of its income from the Department of Health and Social Security. The Medical School is financially dependent on the University Grants Committee. The N.H.S. allows the Hospital to subsidize its catering facilities, e.g. Nurses' Home. The U.G.C. makes no provision for food subsidies. This is why food is considerably more expensive in the East Wing. The Hospital allowed students into the Nurses' Home dining room between 6.45 p.m. and 8.30 p.m., provided that they did not have to employ any more staff. Wolfson House provided a greater evening student load and the Nurses' Home staff were unable to cope with the extra numbers. This left the Medical School in the unfortunate position of either footing the bill for the extra Nurses' Home staff (which they could not afford) or re-opening the East Wing facilities in the evenings.

Clinical dental and medical students on a full grant are probably the poorest students in the country because their average grant per week for the academic year is considerably lower than those of other students. They spend far more time at college, both in the duration of their course and in actual length of terms, and therefore are unable to subsidize their grants by having a vacation job or working in the evenings. A great deal of the work of clinical students involves propping up the already dilapidated state of the N.H.S., e.g. as phlebotomists, or general dental work on patients. This is part of their education but I find it incomprehensible that the N.H.S. does not appear to recognize this fact and allow us the small but important luxury of subsidized meals. I find it equally perplexing to find the U.G.C. not allowing any subsidy towards Medical School catering. Medical and dental students are in just as precarious a financial situation as student nurses and physiotherapists, etc., but are not allowed to eat a subsidized meal which is probably one of the most important aspects of a student's existence within a hospital such as this.

Quite obviously we will be unable to use the Nurses' Home facilities within the foreseeable future. It is now up to the East Wing caterers to produce an evening meal which will be acceptable to students although for reasons previously stated, this will mean at a higher price than an N.H.S. sponsored canteen. There are suggestion boxes in the Upper and Lower Spits, so please use them for sensible criticism. The Catering Committee are trying to improve these facilities and hope that the student representatives are not just acting as "yes men" but are also striving to improve facilities. I will submit a progress report in the next edition of the *Gazette*.

Peter Watkinson.

OBITUARY

JULIA ELIZABETH ENGLISH

It was with deep regret that we learned of the death of Julia English at the age of 53 in Guy's Hospital on 7th December, 1975, after a prolonged illness. Trained as a physiotherapist at the London Hospital in 1942-45, she returned there to gain the electrotherapy teaching qualification in 1954. She was appointed to the staff of that School and remained there until 1965 when she joined the School at the West Middlesex Hospital, completing her teaching qualification the following year. In 1972, she came on to the staff at Guy's, but ill-health caused her to retire in September 1974. For many years she had been a member of the examining panel of the Chartered Society.

Although her stay at Guy's was enforcedly short, her contribution to the School was great and she will be remembered fondly by the students whom she taught with firmness and good humour. Former students here and elsewhere, and her teaching and examining colleagues will be saddened by their loss.

R.J.C.

NOTICES

SOUTH WALES & MONMOUTHSHIRE GUY'S HOSPITAL SOCIETY

Chairman: Mr. G. Morwent Brown.

Honorary Secretary: Dr. H. Anthony Thomas, Woodlands, Cwrt-yr-ala Road, Cardiff CF5 5QS. Telephone: 0222-591469.

The twenty-fifth Annual Meeting of this Society will be held in Cardiff on Saturday, 7th February, 1976 (7.15 p.m. for 8.00 p.m.) at the Park Hotel, Cardiff (following the Wales v. Scotland Rugby International Match).

All Guy's men and women are welcome. Tickets for the Dinner are £5.00 and the Annual membership fee of the Society is £1.00. The President for 1976-77 will be Mr. Dafydd Roberts of Aberdare, and there will be guests from Guy's as usual.

It would facilitate arrangements if all those intending to be present would notify the Hon. Sec. and send their remittances payable to the Society by Wednesday, 4th February, 1976.

NURSE MANAGEMENT APPOINTMENTS

Miss M. Thompson has been appointed to the post of Divisional Nursing Officer, Midwifery/Paediatrics and will take up her duties in January, 1976. Miss Thompson is, at present, Principal Nursing Officer at the Hospital for Sick Children, Great Ormond Street.

Miss J. S. B. Monro was appointed to the post of Assistant Director of Nurse Education on 1st November, 1975. She was a Senior Nurse Tutor in the Thomas Guy School of Nursing.

PHILIP HELLIWELL

On 30th November Philip Helliwell relinquished his appointment as Clinical Superintendent of Guy's Hospital prior to his retirement from the Health Service at the end of the year. His departure is a sad occasion, not only for his many personal friends at Guy's but also for everyone who has the welfare of the Hospital at heart and it is, perhaps, true to say that it marks the end of an era.

Although Philip Helliwell must rightly be considered to be one of the great Guy's men of his generation, his association with the Hospital was one of adoption for he qualified in Edinburgh and was over 30 years of age when, in 1946, he obtained his first appointment at Guy's, that of Resident Anaesthetist. He had served with the Army throughout the war, at first as a regimental medical officer and later as a specialist in Anaesthetics in India.

After finishing his appointment as Resident Anaesthetist, Philip Helliwell obtained a Research Fellowship from the Association of Anaesthetists and completed an important thesis upon "Anaesthesia in Childbirth". This work won him considerable acclamation and in June 1948 he was appointed Consultant Anaesthetist to Guy's Hospital. After joining the Staff he continued to show great interest in the academic side of Anaesthesia and became Assistant Director to the Department of Anaesthetics, serving at first under Dr. A. D. Marston and subsequently under Dr. T. A. B. Harris. When Dr. Harris died in 1956, he succeeded as Director of the Department. During this time Helliwell had become interested in the study of efficient methods of sterilizing hospital equipment and soon came to be regarded as an authority on this subject. He was largely responsible for setting up the Central Sterile Supply Department at Guy's and subsequently played a major rôle in re-planning the work of the

operating theatres in New Guy's House. In this project he was assisted by Miss Margaret Laws, Sister in Charge of Theatres, who was subsequently to become his wife.

In 1963 when the building of Guy's Tower became a reality, a clinician was needed to take charge of the medical aspects of the planning committees and Philip Helliwell was the obvious choice. The task was a formidable one and so he resigned from the Departments of Anaesthetics to assume these new responsibilities. For the next four years he threw himself into the work of planning Guy's Tower with his usual skill and enthusiasm and much of the credit for the Tower's efficient functioning is due to him.

When in 1966 John Blaikley had to relinquish his appointment as Superintendent of the Hospital on account of ill health, it was the wish of the medical staff that Philip Helliwell should succeed him. Unfortunately at that time the planning of the Tower was at such a critical stage that it was not considered possible to release him immediately. The dilemma was solved when Mr. R. J. Cann nobly consented to come out of retirement to hold the fort as Superintendent, which he did successfully for over a year, until in 1967 Helliwell felt that his work on the Tower project had reached a stage when it was possible for him to leave the planning team, and he was appointed Superintendent by the Board of Governors.

During the eight years that he has held office, a chill wind of change has blown through Guy's, and the teaching hospitals no longer enjoy their favoured place in the sun. Many difficult problems have had to be faced and Philip Helliwell's courage and steadfastness of purpose in dealing with them has earned him the respect and admiration of his colleagues. When, with the reorganisation of the Health Service in April 1974, the Board of Governors disappeared, the whole future of the post of Superintendent came into question for he had been appointed as an Officer of the Board. Philip Helliwell's great popularity with the medical staff was a major factor in their virtually unanimous determination to ensure that the appointment should be continued and so this was agreed. The title had been changed to that of Clinical Superintendent who is now officially responsible to the Medical Committee Executive for the functioning of the clinical side of the Guy's Hospital Group. While in theory his power may have been reduced, in practice little has changed and the Clinical Superintendent continues to play a vital rôle in the smooth running of the Hospital. That this great Guy's tradition has been maintained is in no little way due to Helliwell's personality and influence.

In addition to his duties in Guy's, Philip Helliwell has played a major rôle in the Association of Anaesthetists and is now their President. It is a tribute to his efficiency and popularity that he has been appointed to this important office for a third year which is a most unusual honour. He has also recently become Secretary of the University Hospitals Association. Neither have his links with Guy's been severed for he has been charged with the organisation of the celebrations for the Hospital's 250th Anniversary next May and has thrown himself into this arduous task with his characteristic enthusiasm and efficiency.

All of us at Guy's owe Philip Helliwell a great debt. His charm and tact coupled with a high sense of duty, a steadfast loyalty to his colleagues and a delightful sense of humour have done a great deal to steer Guy's safely through a very difficult time in its history. He will be sadly missed at the Hospital and we wish him and Margaret a very long and happy retirement.

K.S.M.

INTERVIEW WITH P. J. HELLIWELL

The Editor interviewed Dr. Philip Helliwell, M.B., Ch.B., F.F.A.R.C.S., D.A., the Clinical Superintendent at Guy's Hospital, on Wednesday, 19th November, 1975.

Gazette: "Dr. Helliwell, why have you decided to retire?"

Helliwell: "Firstly because I am now 60 and eligible for the full pension without detriment to my present salary, and also as my children are now 'off my hands' in the sense that they are married and established in professions, I can now afford to do so. Secondly, and I am afraid this is a compelling one, I find myself completely out of sympathy with many of the changes in the modern practice of medicine and the Health Service generally, and I am quite unable to attune myself to the present circumstances. It is my belief that I cannot possibly give my best, and indeed could possibly do harm to the Hospital under these circumstances. I find the reorganisation of the Health Service maddeningly frustrating, particularly as many of its defects were so clearly forecast by those of us who took part in the discussions prior to its introduction, when Lambeth and Southwark were one of the test areas. Although its avowed objectives are admirable its implementation has created a beaurocratic nightmare which wastes money at a time when we can least afford it. It has removed many of the able administrators from the operational level, made certain that it is impossible to obtain a decision in time for it to be effective and one doubts whether it has improved the care of a single patient."

Gazette: "The post of Hospital Superintendent was changed to Clinical Superintendent with the reorganisation of the N.H.S. Could you comment on this and also how these changes have specifically affected the work you do?"

Helliwell: "Very little. Do you mean the change of title?"

Gazette: "Yes."

Helliwell: "The change of title has not affected it at all. It was changed because it was thought that the title of Superintendent was misleading particularly outside the Hospital."

Gazette: "Are the responsibilities exactly the same?"

Helliwell: "They have changed over the years. When I first came to Guy's in 1946, Professor Johnson, then Superintendent, was for example in charge of the Works Department and the Catering Department etc. Now the Clinical Superintendent is solely concerned with those matters which directly affect the clinical care of the patient and the clinical work of the Medical Staff."

Gazette: "Does this include the ancillary workers?"

Helliwell: "No. The heads of the para-medical departments, e.g. the Pharmacy, are responsible to the District Administrator for providing a service for the Medical Staff. I simply act as a monitor and figurehead for the Medical Staff. This is a definition conjured up by management consultants which I for one find distinctly misleading, in that it is very easy for the person concerned to feel that he has two masters and leads to ambiguity. May I say a little more about the history of Superintendent?"

Gazette: "Please do."

Helliwell: "The first Superintendent, Dr. Steel, was appointed in 1856, purely as a medical administrator. Since then Superintendents have been firstly members of the Consultant Staff, and then invited to take on the post of Superintendent because it was thought that they enjoyed the trust and confidence of their colleagues. Forgive me if this sounds conceited, in fact I am very proud of it, but particularly in the days of the Board of Governors, it put the Superintendent in a position of great power. He was responsible for interpreting the views of the Governors to the Medical Staff, and *vice versa*, and as such, could of course readily influence matters."

Gazette: "How have you managed to get along with the administrators at the Elephant and Castle?"

Helliwell: "Well now of course, at the operational level, we have no direct contact with the Elephant and Castle. The administrators of a university hospital, just like any other hospital, have to work through a three-tier system. In theory we are not even allowed direct contract with the Region, and it is this which has created the beaurocratic monster which is so frustrating. Administrators are just like other people, there are good ones and bad ones. I do not subscribe to the rather arrogant view, held by so many clinicians, that all administrators are fools or worse. Many are extremely capable, well disposed, intelligent people, who work very hard to help their clinical colleagues."

Gazette: "I find it remarkable, that a man with only medical training, can master the complexities of the reorganisation of the N.H.S. How do you think you have managed this?"

Helliwell: "Oh, just by working with it over a period of time!"

Gazette: "Do you think you have any special innate talents which helped you?"

Helliwell: "No, it's like everything else in life; most of one's destiny is fortuitous, just as the fact that I came to Guy's at all was a matter of luck. I qualified in Edinburgh. But I happened to meet Dr. McConnell, now Consultant Emeritus, when he was Consultant Adviser to our Army in India during the War. When I came home, I telephoned him for advice as to my future. Guy's happened to be looking for a resident anaesthetist and I was offered the job."

Gazette: "When did you choose Anaesthetics?"

Helliwell: "I qualified in 1938 and had just completed a year's house appointments when the War broke out. At that time I was undecided between anaesthetics and surgery. I was offered a training course in Anaesthetics when I went out East and liked it."

Gazette: "What do you think have been the major changes at Guy's since you first arrived?"

Helliwell: "I take it you do not mean architectural ones. Firstly, in the organisation of the clinical firms for the medical care of the patient. In 1946, those fortunate few students who were appointed house officers tended to do at least two years of house appointments here, and because they were so experienced accepted much more responsibility for the organisation of the work. The registrar did very little except teach, assist the Chief and look after the emergencies. Now the policy is, of course, to give as many students as possible at least six months as a house officer at Guy's and, in consequence, it is now the registrar who really runs the 'firm'.

"Secondly the complete change in status of the ward sister. When I first came to Guy's, the ward sister was very much the 'captain of her ship'. She was responsible for everything which went on in her ward. No one, not even a Consultant going onto a ward to see his own patients ever dreamed of doing so without first asking permission of the sister or her deputy if she happened not to be there. In consequence, the discipline was tremendous and in my view resulted in much better care of the patient. The Sister was the pivot around whom the whole ward revolved and, in fact, a few actually

lived in a room just off the ward. I know this meant that she worked all hours of the day and night and was, therefore, wickedly exploited, but the continuity of care provided was superb and the esteem in which she was held gave her enormous job satisfaction. I fail to see the point of saying 'you are only allowed to work 38 hours a week' and creating a situation where many nurses spend their off-duty time either working for an agency or serving behind a counter in Harrods. I realize that a fall in the standard of discipline is an international phenomenon and of course includes the medical staff, but in my view, it has had a most adverse effect on the care of patients. I think mistakes like drug errors are more common, cross-infection discipline is poorer and, paradoxically, sympathy for the patients is less although this is not necessarily a direct result of declining discipline. In a similar vein, I cannot see what advantage has been gained by taking senior nurses out of uniform. At least in 1946, everyone knew who the Matron was, I doubt if 5% of the house officers, let alone the students, would recognise our District Nursing Officer. Would you?"

Gazette: "I'm afraid not."

Helliwell: "This to me is a very sad state of affairs."

Gazette: "What do you anticipate will be the main changes in Guy's in the next five to ten years?"

Helliwell: "Guy's will go on, as it has always gone on, as a leading medical institution. Guy's has too much reserve to be seriously affected by the sort of things I have been talking about. If I have given you the impression I am retiring because I am fed up with the changes I have described, that is incorrect. The fact that I am out of sympathy with the changes makes this job not only harder but me ineffective and at times this is not very good for the Hospital. It is far better to have someone who can mentally accept changed circumstances."

Gazette: "I have the impression that as Superintendent you must have special access to what are otherwise private matters concerning the Hospital or its Staff. Do you think there are any problems in certain administrative situations which have been easier to tackle because you are a doctor?"

Helliwell: "Without question, particularly in the position as Superintendent, as appointed at Guy's, which as far as I know is unique. The fact that you are appointed after having served on the Staff as a clinician for some years means that you cannot be regarded by your colleagues as just another administrator, and quite undeservedly, medical administrators tend to be regarded by hospital doctors as failed clinicians. Also the fact that you are appointed in a way which requires their support means that your colleagues must have some respect for you. Hence if you have cause to take a colleague to task you are doing it from the standpoint of at least an equal and not from a position of disadvantage."

Gazette: "What views do you have on the present generation of medical students? Do you think that those of the future differ from those of your generation?"

Helliwell: "Academically the present day medical student is undoubtedly of a much higher standard. Whether a person of high academic ability is necessarily a good doctor I very much doubt, and I think we are in real danger of missing a lot of students who would make excellent doctors because we lay too much stress nowadays on academic qualifications. I hope I shall not be misunderstood, because I would not wish the present facilities to be changed, but the fact that higher education is now free to everyone, has I think, paradoxically had an adverse effect."

Gazette: "What rôle do you think the Dental School at Guy's will have in the future?"

Helliwell: "I hope a very important one. Remember I qualified in Edinburgh where the Dental School is totally divorced from the Medical School. I think Guy's would be much the poorer if the Dental School were to move off this site as in fact nearly happened when we were planning the Tower for reasons for which we need not go into here. I firmly believe that medical students gain a great deal from contact with dental students and *vice versa.*

Gazette: "What are the main points you would like to raise about the private bed issue, and the junior hospital doctor situation?"

Helliwell: "I can remember Lord Robens saying long ago that the Health Service should be taken out of politics and I think the present situation illustrates how right he was. I think it is deplorable that political issues should have been allowed to enter into the running of the Service, and I think that the use of industrial action to obtain political ends is one of the most frightening aspects of the present day situation. We probably all have our own ideas as to who must accept the primary responsibility for this. I think that everyone should have the right to choose their type of treatment and if you accept the right of private treatment then I think that taking it out of the Health Service creates far more disadvantages than it solves."

Gazette: "I believe the Government are intending to control the growth in building of private hospitals outside the N.H.S., so that in fact they would have a stranglehold on medicine both inside and outside the Service. Therefore doctors proposing to leave the N.H.S. may well be in for a shock."

Helliwell: "This is quite true and the proposal for inspecting and licensing private institutions puts a formidable weapon in the hands of any Government wishing to control the profession. Happily it is a two-edged weapon. Doctors could equally well refuse to work in sub-standard N.H.S. institutions and there are plenty of them I am afraid. The most frightening part of the Consultative Document is the principle that if you use State facilities to obtain any skill, the State has the right to say where you will use those skills. The implication of this threat to freedom is very alarming."

Gazette: "Do you think on this issue that the general trend of the Government is to create a nationalised industry of medicine as in eastern European countries?"

Helliwell: "Yes. Undoubtedly the Government wishes to get control of the profession and once we lose the principle of clinical freedom we are in grave danger."

Gazette: "Do you think doctors should take too much notice of public opinion when they take strike action to keep their medical independence?"

Helliwell: "I think this is the only issue on which I personally would take strike action. I think I would do it if I were forced to accept a contract which not only said what I must do in my working time but also what I could not do in my leisure."

Gazette: "Would you like to comment on the issue of the junior hospital doctors?"

Helliwell: "*I believe that once you start counting the hours of work* you are doing, a great deal of respect for the status of medicine is lost. I think we started down this slippery slope as soon as the principle of extra duty payment was accepted, and I am proud to say that when it was introduced the members of the Residents' Mess at Guy's at that time, overwhelmingly voted against the idea in principle and said they would only accept it under duress."

Gazette: "What do you think about the lack of strike action among the junior doctors at Guy's?"

Helliwell: "I think that is an unfair question for me to answer."

Gazette: "Would you care to comment?"

Helliwell: "Well, provided they think about it first they must make up their own minds. I would hate to find that they simply follow the rest like sheep just because everyone else is doing so."

Gazette: "One of the main problems about the junior hospital doctors to me seems to be lack of cohesion and unity. There is no single union."

Helliwell: "Surely this is the essence of being a doctor. Your whole training is aimed to make you stand on your own feet and to arrive at your own decision. Having trained a group of people to do that it is very unlikely they would all agree."

Gazette: "In a crisis like this, when it comes to survival, having enough money to pay for necessities, and the junior doctors are some of the worst paid employees in the N.H.S., it would seem to demand some sort of union to deal with the Government?"

Helliwell: "I take it you mean by union, negotiating body representing all the hospital doctors, and not the junior hospital doctors. If you separate the junior hospital doctors from the rest you are surely weakening the position. The moment you divide the opposition you win. It is the old principle of divide and rule which is being followed so successfully by the Department of Health at this moment."

Gazette: "You give me the impression that you feel the situation is lost."

Helliwell: "I think it is very dangerous; I don't think it is lost. I know that what is worrying our negotiators is that the junior doctors are going to be manoeuvred into a situation where they are going to be the first people to break the £6 limit. We shall then be seriously discredited in the public eye."

Gazette: "You still have another year to go as the President of the Association of Anaesthetists. This has obviously taken up a great deal of your time. Do you enjoy it?"

Helliwell: "Yes, very much."

Gazette: "What do you like to do with the rest of your spare time? What hobbies do you have?"

Helliwell: "My home. When I took over from Mr. Blaikley, one of the bits of advice he gave me was to make sure we had somewhere to go at the weekends and never to appear in the Hospital on Saturday or Sunday. We took that advice and bought a very attractive, and partially restored, thatched cottage. There we are creating a garden and I have quite a big greenhouse. Both my wife and I enjoy it. It is our main hobby."

Gazette: "Do you or did you play any sports?"

Helliwell: "I did but with one thing and another it is now mainly a passive interest."

Gazette: "What sports do you like?"

Helliwell: "Well, as a Yorkshireman I have always enjoyed cricket. I used to play a lot of rugby and I enjoy watching it still."

Gazette: "What do you think you will be doing when you retire?"

Helliwell: "My immediate task is to organize the celebration of the 250th Anniversary of Guy's which takes place in May next year. I shall be President of the Association of Anaesthetists of Great Britain and Ireland for another year and there will be a certain amount of involvement after that. Also I have just been appointed the Secretary of the newly created University Hospitals Association all of which will occupy me two or three days a week. I have also accepted an invitation to join the firm of L. J. Schwarz and Partners as a Consultant."

Gazette: "Do you intend to write any books?"

Helliwell: "Not really. It has been suggested that I might like to continue the history of Guy's after Mr. Guy's Hospital. I might, as it would be a very interesting thing to do."

Gazette: "Is there any particular incident at Guy's which you enjoyed?"

Helliwell: "I have enjoyed all my time at Guy's and it will be a great wrench to leave it, but for reasons I have tried to explain I think it is a good time to do so. To be fair I am really looking forward to having some leisure time to enjoy the company of my family and to do some of the things I have never had time to do. I should like to fish, I have done a little and should like to do more. I should like to do more sailing and I was only thinking the other day that I haven't watched a complete county cricket match since I was about ten years old and I should like to do it again."

Gazette: "Dr. Helliwell, thank you very much."

THE CLINICAL DENTAL COURSE AT GUY'S

The Results of the Survey of Students and Graduates in May, 1975

by

Karen Hiiemae *(Vice-President 1975-76)*

on behalf of

Richard Johns (*President 1975-76*)

and

Laurence Usiskin *(President 1974-75)*

and the Dental Society Management Committees 1974-76.

PART I

Introduction

In May 1975, the Guy's Hospital Dental Society carried out a survey of students' views on the Guy's B.D.S. Course by seeking answers to a wide range of questions about both the theoretical and practical teaching given, and on more general matters of policy as they affect the course.

Questionnaires were sent to all students in the Clinical School and to those who had graduated within the previous three years. Completed forms were returned anonymously by :

(i) 78% of the First Clinical Year (i.e. 63 of 81).
(ii) 96%of the Second Clinical Year (i.e. 72 of 75).
(iii) 87%of the Third and Fourth Years (i.e. 83 of 95) and by 60 graduates.

Students were asked to answer only those questions which related to courses they had completed or were about to complete. The answers received have been tabulated by expressing, for each group, the number choosing each of the offered alternative answers as a percentage of the total number of replies received from that group.

Specific conclusions are set out at the end of each section of the report but two general points may properly be made at the outset. First, the number of completed questionnaires was high enough to justify a claim that the findings reported are representative of current student opinion and indicative of the views of recent graduates. Second, the responses of each of the four groupings listed above to the generality of the questions posed are so similar that, except perhaps for a few readily identifiable cases, as for example, where attitudes will have been influenced by increasing

experience of clinical dentistry, it is reasonable to infer that any marked divergence in opinion between the four groups listed above must reflect a change in the organization (or presentation) of that part of the course under consideration.

The Students

Fifty-eight per cent of current students stated that they had no personal knowledge of general dental or private practice. 61% of both students and graduates admitted to having no knowledge of the course offered by any other Dental School. A small majority of both students and graduates (55% overall) stated that Dentistry was their first career choice, 45% stated that it was not as compared with the 40% who have at some time, applied for entry to Medical School. (The percentage of "failed Medics" may not be as high as popularly supposed). 63% overall stated that they were convinced that they had made the right choice of career, 37% were not so convinced and that included 35% of the graduates.

Whilst there may be a similar percentage of "squarish pegs in roundish holes" in most professions, this figure of 37% overall, which represents 96 of a total of 263 answering the question, must give some cause for concern. Dentistry is probably the most narrowly focussed of the professions. How much this figure could be reduced were applicants for entry positively advised or even formally instructed to spend some time, and preferably at least a week, observing in a dental practice before admission to the School, cannot be judged on the evidence available. Such an instruction would, however, reduce the general level of ignorance (58%) admitted to, and could only improve the potential student's awareness of the conditions, constraints and opportunities of a career in dentistry.

The students rated their manual dexterity as generally average (55% overall), high (35%) and very high (5%) showing a self-flattering distribution towards the high end of the range, since only 4% considered it poor and 0.03% very poor. A majority (55% overall) would not like to have had this essential attribute tested early in the course, or even during 2nd B.D.S., 55% of the first year would, however, have liked such a test.

Tests of manual dexterity might serve to highlight only those individuals whose abilities are extremely poor. If this were to prevent very real difficulties later in the course, then the introduction of such tests might be justified, but it seems likely that the problems would sufficiently outweigh the advantages, particularly since vigilant teachers should spot the student with a problem early in the clinical course.

Thirty-one per cent of those answering the questionnaire considered that they had to work harder during their preclinical (2nd B.D.S.) year than they anticipated on entering the School, and 59% considered they did not and 8% did not know. Only 12% thought they were "overworked". Using the 2nd B.D.S. years as a standard, the students were asked to rate the work they did during each of

the clinical years as "harder", "the same" or "less hard" in terms of both intellectual effort and the hours spent "on the job". Nine per cent thought that they made more intellectual effort in the first clinical year, 24% in the second, 34% in the third and 52% in the final term. The equivalent figures for "less hard" are 73%, 40%, 38% and 21%. In contrast 32% of those answering think they worked more hours in the first year, 47% in the second, 46% in the third and 69% in the final term. The "less hard" figures are 57%, 21%, 27% and 10%.

These figures substantiate the view held by many teachers, notably Professor Anderson, (B.D.J., October, 1975), that not enough intellectual stimulus is provided nor enough intellectual effort demanded during the clinical course. How much this is the fault of the students or teachers or due to the nature of the course, is difficult to assess.

The students were asked if they knew of the quarterly sign-up system. 77% answered "yes". They were then asked if they considered the system "good", "fair" or "poor". Whilst the term "fair" is ambiguous, 57% so assessed the system, only 19% rating it "good", and 31% "poor". Asked to state whether or not the sign-up system was "consistent" or "inconsistent", a less ambiguous question, only 33% rated it "consistent". Interest in the sign-ups awarded appears to rise as Finals approaches: 21% of the first year had asked to see them as opposed to 39% of the second and 73% of the third and fourth years. This seems, however, to be a recent development; only 27% of the graduates had asked to see the state of their sign-ups. A majority of students, ranging from 50% of the first year, 78% of the second and 58% of the third and fourth years had seen their tutors. About 60% of the senior students had not found this useful but 53% of the first year stated that they had. Interest in the possibility of an exchange visit or of taking an elective period during the course, wanes with succeeding years and diminishing opportunity. 40% of the first year, 14% of the second, 15% of the third and fourth are proposing to, or have taken advantage of, the exchange visit system.

Whilst less than a third of the students (22% overall, ranging from 14% in the first year to 30% of the graduates) say that they have worked regularly in the Wills Library, a large majority (73%) of the third and fourth year students have looked up an original reference as compared with 39% of the first year. The steady increase (39% of the first year, 43% of the second, 73% of the third and fourth, 91% of the graduates) in the number of students using the library facilities is largely attributable to the demands of the essay required for the Preventive Dentistry appointment! The success of the P.D. essay in stimulating intellectual effort suggests that the same principle might be used earlier in the course. A recent attempt to organize special subject seminars has apparently failed as the sessions became "lectures" rather than discussion groups. This does not, however, preclude further experiments in this area. One approach would be to require that students write a paper on one

aspect of each major subject as part of each course. These could be presented either as essays or orally in seminars.

Interest in the scientific basis of dentistry alters little during the first and second clinical years (32% considered it increased during the first year, 49% that it stayed the same and 17% that it diminished). The figures for the second year are 37%, 47% and 14% respectively but it does increase in the third year (56%, 26% and 17%).

When asked to rate the course as a preparation for dental practice, 22% considered it good, 53% adequate and 24% poor. (The figures for the graduates alone, 82% of whom do have personal knowledge of practice were 28%, 46% and 26%.) Asked to comment, many stated that more emphasis on treatment planning was needed, that the pace of work required was inconsistent with that in practice and that preparation for the business side of practice management was needed.

In view of the general ignorance of dentistry amongst the students, the undergraduate rating of the course as a preparation for practice must be viewed with reservation. This is not so for the assessment by the graduates. Their views raise the larger question of the extent to which, if at all, the undergraduate course should be designed to equip the student for practice. Dentistry is a unique profession in that virtually immediately on passing the Final Examination, the individual is entitled to carry out, without supervision, any procedure recognized as lawful. No further checks of educational demands are made. The desirability or otherwise of a pre-registration period cannot be argued here but given the present situation, some balance must be struck between that regarded as undergraduate training, that postgraduate and the techniques likely to be employed in practice. The course should also be such as to equip the student to assess the scientific changes in developments that will occur and will, during the thirty or so years of his or her professional life, influence the day-to-day practice of Dentistry.

It is reassuring that the thoroughness with which the very long questionnaire was completed, coupled with the general tenor of both the specific answers and the written-in comments suggests a high degree of professional motivation and responsibility. It is sad that a similar responsibility is so often lacking, at least in the experience of the teaching staff, when it comes to the day-to-day handling of equipment, instruments and materials.

The rest of this Paper will be published in subsequent editions of the *Gazette*.

"AFTER MAGRITTE" AND "THE PROPOSAL"

Last month the Guy's Hospital Theatre Club performed two plays in the Greenwood Theatre. This is the first time Guy's students have acted on a stage which is of West End dimensions. Five hundred people came to see the plays and all enjoyed them.

"The Proposal" is a one-act play which centres around the attempts of a not-so-young man, Lomov, to propose to the comely Natalya Stepanovna after first gaining her father's permission. The action was played fast and successfully by Rob Glynne-Jones as Lomov and Caroline Kinloch-Jones as Natalya. Robert's performance of an anxious, neurotic, effete 35-year-old was excellent and had the reviewer wondering if this was observation or type casting. Paul Davies, as the father, is undoubtedly one of the best actors at Guy's. His performance was finely done with excellent use of absent-minded phrases like "and the rest of it". Caroline's performance was also creditable. The whole play illustrated Chekhov's pointed observation of a lack of sincerity about interpersonal relationships amongst the bourgeoisie.

"After Magritte", by Tom Stoppard, has similar social comments to make. The play deals with the attempt of Reginald and Thelma to make a ballroom dancing engagement at the "North Circular Dancerama", tuba-playing mother, Inspector Foot (of the Yard!) and Constable Foot, notwithstanding.

Steven Humphreys as Reginald, and John Duckworth as Foot, provided the solid foundation for a *tour de force* by the whole cast. Di Sliney, as Thelma, had the right degree of feather-brainedness-ness to be credible. Di Laborda was a convincing tuba-ist. Chris Penfold, as Holmes, played another solid rôle well. This play contains a line that must be the best entrance ever. On entering an ostensibly normal living room (after a lightning furniture move by Reginald and Thelma) he says "What is the meaning of this bizarre spectacle?" This just about sums up the thoughts of the audience

The set design by Cecilia Brereton was beautiful and illustrated all the limitations of the Physiology Theatre by its versatility. Mike Gill and Holly de Jongh directed with verve and both plays kept the attention throughout. The area of the large stage was well utilised, even after being used to the tiny Physiology Theatre.

I can only conclude that I look forward very much to future Theatre Club productions in the Greenwood Theatre. The prophecies of doom about the stage being too large have proved groundless. Thanks to the expert help and guidance of Chris Haigh and the Greenwood Theatre, all problems were overcome.

R. W. Bilous.

PHYSIOTHERAPY

Within the Chartered Society of Physiotherapy there are a number of specific interest groups, one of which is the Manipulation Association which was formed seven years ago, and which is linked with the recently-formed International Federation of Manipulative Therapy. The Association aims for high standards of practice to ensure that treatments are both safe and effective, and arranges regular lecture/practice meetings on Saturdays every two months. The morning session is theoretical and recent lecturers have included Prof. J. Joseph from Guy's, Dr. Alan Stoddard (who is a registered osteopath as well as a physical medicine specialist), Dr. J. Duncan-Troup and Dr. J. Ebbetts on the biomechanics of the vertebral column. Future lecturers are Prof. H. Weisl, Prof. P. D. Wall and Dr. Barry Wyke, who will be covering joint neurology, the sacro-iliac joint and the costal joints. The afternoon session is given up to the demonstration and practice of techniques of manipulation and mobilisation. Other Association activities include the production of a regular news-letter with abstracts, recommended reading lists and news from overseas, and the organisation of weekend and longer courses at which ideas can be exchanged and techniques learned.

Membership of the Association is now gained by an examination consisting of a 40-minute examination of a patient, a 30-minute practical demonstration of techniques on a model-patient, and three *viva voce* examinations on anatomy, pathology and manipulation theory conducted by medical men and experienced teachers of manipulative treatment.

Practical experience is gained by working alongside other physiotherapists experienced in this form of therapy and by attending the course run by the Chartered Society which comprises a twelve-week tuition period spread out into blocks over the year, with between them, periods of work in different hospitals where the techniques learned can be practised on patients.

On the Guy's staff, there are three members of the Association who are able to instruct their colleagues and senior students in methods of examination and the application of techniques, and, of course, to treat patients referred for this form of treatment. There has been a long-standing mistrust of manipulation in the medical profession which was shared by many of their physiotherapist colleagues, and which has done much to boost the income of chiropracteurs, osteopaths and unqualified bone-setters. However, the evolution of gentler, more controlled mobilisation techniques, and a better researched knowledge of joint anatomy and pathology have combined to allay some of the quite reasonable fears that prevailed formerly.

The Physiotherapist, practised in the literal handling of patients, equipped with a sound background knowledge of anatomy, physiology and pathology, would seem the ideal person to whom these techniques can be entrusted, and prejudice is beginning to break down.

NURSING

A LITTLE LIGHT RELIEF FOR TUTORS

It is an accepted fact, that in any occupation, there are tasks which at best could be described as routine, and at worst, extremely tedious. Nurse tutors are naturally subject to such tasks as much as others and, were a vote to be taken in order to decide which one should be abolished, the unanimous decision would surely be that of marking and correcting written work. This task is one from which the average tutor never escapes, and those members of the nursing profession who consider those who teach to be overpaid and underworked, might spare a thought for the number of evenings spent reading fifty scripts on such scintillating subjects as the care of a patient after an appendicectomy, or worse still, instead of enjoying a post-prandial nap in front of the television, having to read the same number of dissertations as to how a junior nurse should be taught to administer an enema!

However, despite the fact that marking is one of the more dreary aspects of the tutor's work, it does at times have its lighter moments. Most people who have ever written an examination paper, are extremely grateful that they do not have their script returned as they may again be confronted with their own mistakes. The tutor, however, is presented with these errors *"en masse"* and it usually transpires that a collection is made of the most amusing. In fact there is, in many schools of nursing, considerable rivalry between the tutors in order to acquire the best.

Many of these "Howlers" are of course due to unfortunate phraseology, but there are those which are incorrect statements of fact. Whatever the cause however, they do cause laughter and alleviate tedium. Below are some examples of these howlers, all of which are genuine.

"Elderly ladies can often be tempted with milk puddings."

"When tube-feeding, the nurse should first pass water down the tube."

"Patients with terminal illness present doctors with grave problems."

"The theatre nurse should not be in intimate contact with the patient on the table."

"Undecided Testes."

"Pressure sores occur in the emancipated."

"Everyone in theatres wears little bootees."

Social Problem: "A social worker may be enlisted to sort out the problems, and arrange removal from the home environment if this is a drain."

"Bilirubin is commonly found in early-morning urine, due to the breakdown of liver cells during the night."

Signs and symptoms of a fractured neck of femur:—

"The leg might be at an odd ankle."

"An awkward looking hip."

Physiotherapy: "The junior nurse should do leg exercises on the patient."

"The normal temperature of a one year old child is 110 degrees centigrade, should this fall to 105 degrees centigrade, drastic measures must be taken."

"The patient with syphilis has little trampolines in his blood."

These have been extracted—without permission—from the written work of nurses at all stages of training. Some were in final examination papers! It is to be hoped, however, that the errors will continue to occur, since without them, the life of a tutor would be intolerable!

Pyrexial Sir

Rumour has it that a former member of the Board of Governors was admitted to Nuffield House with Lew-Grade fever.

From the Desk of Magnus Bore

Dear Doctor Grudgebum,

Concerning your patient A. Burke,

23, Railway Cuttings, Walsall.

Thank you for referring this patient who complained of an uncomfortable swelling on his chest and whom I saw privately in outpatients two weeks ago.

On examination I found a short, fat man, expensively dressed, with an obvious swelling in the left side of his suit jacket, overlying ribs two to eight. Deep palpation revealed a leathery mass which emitted a curious rustling noise. Evidence of distant metastases was observed in both trouser pockets. In view of the obviously malignant nature of his complaint I decided to admit him under my care for laparotomy and sigmoidoscopy at his earliest convenience.

At operation, having made a small longitudinal incision just medial to his breast pocket, we found as I had suspected a grossly congested wallet which I removed with a wide margin of healthy tweed suit. In the trouser pockets we found much the same kind of lesion but of lesser malignancy being mainly small coins of the Realm. Here again I feel radical excision was indicated so I removed a wide margin of healthy trouser and a wedge of deep-lying silk underpants. On sigmoidoscopy to 78cm I observed two gold teeth which I also removed per rectum.

Although I cobbled up his suit as best I could I am afraid that the operation can only be described as mutilating and I have therefore referred him to a good tailor. I feel sure that this patient will now be symptom free for some time, but to be on the safe side I have given him an appointment to see me in eight weeks time when I could remove any recurrences under local anaesthetic.

Yours faithfully,

MAGNUS BORE, F.R.C.S., B.F.

and barred from most good public houses.

Walsall Royal Infirmary,
Staffordshire.

CORRESPONDENCE

Crisis of Confidence

SIR,—Having read Dr. Vaughan's article in last month's *Gazette* I write to convey to you my views and those of one or two other students who find themselves rather to the "left" of the bulk of their colleagues.

To deal first with the general problems of the Health Service. While private practice is not the only disease affecting the Service I believe it is a disease and needs treating at the same time as treating the other afflictions. At the same time I reject Dr. Vaughan's primary diagnosis of "lack of cash" due to "the ideology of a free service". Absolute lack of cash is demonstrably not the sickness of a service which over the past ten years has consumed greater and greater portions of the Nation's resources with only marginal improvements in results. Any system of paying for care would penalise the poor, financially or by indiviously means-testing them. The problems of the Health Service are in my opinion disorganization, extravagance (in unproductive areas) and pay-beds. The pay-beds policy of the Government is not an extremist plot to antagonise the profession but a manifesto pledge which the Government is trying to fulfill. The policy is based on the socialist principle of equality of health care. Dr. Vaughan claims that, since at present staff and not beds are the limiting factor, pay-beds do not delay N.H.S. treatment. However, since pay-bed patients require staff as well as beds this claim cannot be substantiated. In my two years clinical training I have only seen one patient with a potentially fatal condition put at greater risk by waiting list considerations but I have seen many people suffering severe disability, due to curable conditions, whose treatments have been delayed while those with enough money have bought treatment for minor ailments. Additionally it is not in the interest of a patient for his doctor to have anything to gain from his treatment apart from the satisfaction of a successful recovery. If the unscrupulous can gain by over investigation or over treatment then a counter-productive situation exists. As consultants struggle to maintain their privileges they struggle not against Mrs. Castle but against the very people they are payed to care for.

The junior doctors have a less involved case but it is sad that, when offered a reasonable basic working week for the first time in history, they quibble about the low overtime rate made necessary by the economic situation. The anomalies of detriment to certain grades are lamentable but to selfishly oppose the £6/week limit because of this is to destroy the good intentions of the majority of working people. Everyone has heard the sob stories of long training and long hours but still ten people compete for each medical school place and in truth medical school bars countrywide belie the idea of self denial. Indeed the tax payers have more reason to grouse over the £20,000 plus which they have spent on training doctors who selfishly take one-way flights with Pan Am.

To bring the two disputes to a focus I would say that unlike many I do not question the right of doctors to strike; what I question is their motives and their expectations. Any temporary victory will lead to reprisal strikes for higher pay and the abolition of private medicine. In such a situation the strongest will win and I am far from convinced that this will mean the medical profession. Apart from the lack of solidarity even now displayed by the doctors a total medical shutdown is not such a potent weapon as a total economic shutdown. The latter inevitably leads to medical breakdown but the reverse is not the case. A permanent victory for the doctors can probably only be achieved by some form of military involvement (at least strike-breaking by the troops). Such intervention could easily precipitate a full-scale violent class conflict and it is my contention that the profession would do better for itself and the Nation by accepting the compromise (far removed from poverty) which this Government offers rather than to run the risk of national disaster.

Yours faithfully,

D. C. MARKWELL.

c/o East Wing,
Guy's Hospital, London, S.E.1.

Phlebotomy in Excess

SIR,—I fully appreciate the necessity to learn practical skills as well as academic ones on the wards, but I wonder if some of your November correspondents realise how the blood-taking requirements of the students have escalated over recent years with the advent of more sophisticated tests. On a recent medical firm the average lists had about six bloods for each student, and some of these entailed taking more than 100ml. from one patient. I remember one in particular from a man in his early thirties:—

F.B.P., E.S.R., E. & U., Proteins and strip, Thyroid Function Tests, Brucella Agglutinins, Toxoplasma dye test, Fasting cholesterol and triglycerides, Fasting lipoproteins and strip. Autoantibodies, L.F.T.'s and G.T., Bromsulphthalein Retention Test, Pyruvate Tolerance Test, Clotting studies.

Some of these tests require three separate venepunctures at specific time intervals. I do feel that excess time is spent on such tasks, while the same time could be spent learning other equally essential practical skills.

Yours faithfully,

PATRICIA JENKINSON.

c/o East Wing,
Guy's Hospital,
London, S.E.1.

A Christmas Phlebotomy

SIR,—I am reminded by the approach of Christmas, and by the recent correspondence in your columns regarding Phlebotomy, that some years ago I spent a Christmas here in Guy's Hospital owing to an unpleasant attack of amoebic dysentery contracted in Burma. The treatment which I received was, on the whole, excellent and I made a rapid recovery, but was forced to spend Christmas in a side-ward isolated as a highly infectious patient.

The pertinence of my experience lies in the fact that a young houseman had to set up an intravenous drip, which was one of the earliest manoeuvres in my treatment. Although at the time I was regarded by my medical friends as nearly moribund (!) I was obliged to take over from the young doctor in performing the necessary venepuncture. Practice in all kinds of manoeuvres, while still a student, is obviously most desirable, and I am surprised that some clinical students should be so stupid as not to see this. It is surely a most anti-social attitude, in a society which is vociferously "social," to decline any experience in simple but necessary activities, especially when it could save one (and one's patient) from a ridiculous and embarrassing incompetence, even after qualification.

Yours faithfully,

ROGER WARWICK.

Anatomy Department,
Guy's Hospital Medical School,
London Bridge, SE1 9RT.

Dress on the Wards

SIR,—May I draw the attention of Clinical Medical Students to an apparent disregard of regulations regarding dress. It has been noticeable of late that the standard of dress has fallen. Jeans and polo-neck sweaters do not, in my opinion, constitute a manner of dress which "upholds the honour of the profession" on the wards.

Yours faithfully,

G. EARNSHAW,
Final Year Medical Student.

c/o East Wing,
Guy's Hospital, S.E.1.

South African Celebration

SIR,—This letter serves to inform you all and other Guy's men and women spread over all the world that a very happy and enjoyable Buffet Supper was held on Saturday, 18th October, to welcome Mr. and Mrs. T. L. T. Lewis in Capetown as part of his tour as Travelling Professor of the Royal College of Obstetricians and Gynaecologists.

The gathering numbered more than 30 and some of your readers will be interested to know that those present included: Louis and Iris Babrow, Wally Wolfsohn. John and Jean Smith, Francois and Gladys Retief, Theunis Viljoen, Manfred and Andee Platt, Dick Pickering, Carl Ziervogel (from Stellenbosch), Robert and Corrie McDonald and Jan Steytler. Apologies were received from D. Davies, L. Shore, M. Coucher, P. Staz and J. Schoeman.

Our distinguished guests were welcomed warmly by Louis Babron (recently elected to S.A. Medical and Dental Council), and in reply we were treated to slides of new developments at Guy's such as Guy's Tower and Student Hostel (a slight difference to Sophie's of previous decades!) and faces of familiar Consultants, some since gone such as "Coney" and George Doherty, who were regular visitors to these shores.

It was strongly felt that Guy's connections with other countries should be kept open by re-instituting the acceptance of a limited number of overseas students.

We of the Medical and Dental profession have quite justifiably acquired a reputation for being too insular in our associations and interests; this applies particularly to preclinical years in a hospital atmosphere with *no* contact with members of other faculties. At least then, may there be the opportunity to exchange ideas with those from different cultures and nationalities. The students of the host country stand to benefit as much as the visitors. Surely if the conservative Englishman is prepared to accept the primitive

"Guy's Front Row"
From left to right: Francois Retief, Wally Wolfsohn, Tom Lewis.

Welshmen (some of whom have surprisingly proved capable of handling a rugby ball) then members of other tribes from across the seas should be allowed in?

The reunion proved successful and I would like to suggest in this 250th anniversary year of our beloved Hospital that Guy's gatherings be arranged in all corners of the globe. Perhaps as a collective effort, dinners could be organized to coincide with the Biennial Dinner.

A particularly satisfactory aspect of our gathering was the fact that all four Gynaecologists from Groote Schuur who have worked at Guy's since 1963 on the Exchange-Registrar system were able to be present. Even better was the fact that they all were accompanied by their wives! J. "Boet" and Ann Dommisse, Stan and Barbie Sandler and Peter and Alphea Bailie. We were very pleased to have Edward and Leonora Evans (son of "Tubby" Evans) with us who are working at various Paediatric Units.

Since our last gathering about two years ago for Jimmy and Sybil Goodliffe, three Guy's men have died in the Western Cape: Roland Hofmeyr and Clem Keet (Dental), and John Durr (Medical)

Be assured that *all* Guy's men and women will receive a warm welcome here in the Fairest Cape, whether they have come to settle, or on a holiday visit or even passing through to Far East or Australasia.

Le me reiterate that we were enormously pleased to have Tom and Bunty Lewis in our midst to trigger a gathering and refresh our connections and memories with London, S.E.1. and Honor Oak Park!

Yours faithfully,

MIKE AND NORMA GIE.

11 Sedgmoor Road,
Camps Bay,
Cape Town.

Nurses' Accommodation at New Cross Hospital

SIR,—May I through your columns write to thank Nurse Janie Thomson on her recent letter on this subject (*Gazette*, 25th October). I can only agree with her on the poor conditions which do pertain in part of the home, about which we are very much aware. In fairness, however, I think we should put this in its proper perspective.

Substantial funds have been spent on improvements in the last two years, and of the 137 available rooms, 85 have been fitted with handbasins and electric sockets. 100 rooms now have fitted carpets and the rest will be fitted soon. 85 rooms have new curtains and counterpanes, and two-thirds of the corridors have been carpeted. A start has been made on upgrading toilet areas. We are hoping to devote a large part of our scanty improvement funds to continuing this programme and in addition hope to consider the installation of a communual utility kitchen, hairdressing and laundry facilities. We shall not be satisfied until standards in the home at New Cross are comparable with those elsewhere in the Group, but at present it is a simple matter of insufficient funds.

In closing I wonder if Nurse Thomson has ever considered raising matters of this nature through her representative on the Joint Staff Consultative Committee, which existed to ventilate such complaints, and has functioned extremely well in the past, and although now dormant will, we hope, soon be revived on an improved basis.

Yours faithfully,

A. W. LAMBERT,
Section Administrator.

St. Olave's Hospital,
Lower Road,
London, SE16 2TS.

Our Wonderful Friend

SIR,—I refer, of course, to my friend Mr. Joseph Levy, B.E.M., who, through his Foundation, supported Professor Polani's Research Unit so generously in the years 1969, 1971 and 1973.

Once again, Mr. Levy has come to the assistance of Guy's by providing a Hydraulic Hoist for the bath treatment of burnt children, which is vital to their recovery.

I would like, through the *Gazette*, to place on record my personal thanks and the thanks of Mr. Broomhead and his staff, for his unfailing interest in Guy's and his continued magnanimity.

Yours faithfully,

LYDIA FRANKS.

9, Fairacres,
Roehampton Lane,
London, SW15 5LX.

Philip Helliwell

SIR,—May I take advantage of your columns to thank all those friends who contributed so generously to the presentation my wife and I were given on Friday, 28th November, and also for the many kind letters and messages we have received.

We have both enjoyed the privilege of being members of the Guy's community for many years, and hope to maintain our association for many more. We should also like to take this opportunity of thanking all those many people who have helped us so willingly in so many different ways and to send you all our very best wishes for the future.

Yours faithfully,

PHILIP HELLIWELL.

31 Merrick Square, S.E.1.

BOOK REVIEWS

"Hutchinson's Clinical Methods", 16th Edition, by Bomford, M., Mason, S. and Swash, M. Pp. 362. Price £1.80. Published by Bailliere Tindall, London.

This compact and inexpensive text has been a firm favourite with clinical students for many years, and deservedly so. It is solid in its coverage of history taking and systematic examination. It includes a useful summary of laboratory investigations. It is up to date with S.I. units and a mention of Problem Orientated Records. Illustrations are well placed and well drawn. My criticisms are mostly minor: the removal from this edition of various photographs, e.g. Paget's disease, and some diagrams of surface relations, and the inclusion of a few radiographs, poorly reproduced and achieving little; the neglect of isotopic methods of investigation; the absence of references for further study. I somewhat regret the preoccupation with "trees" and scant attention to the "wood", but perhaps the authors believe that the overall *strategy* of "clinical method" is best learned through experience, both the student's own and that of his mentors. The book's qualities allow one to recommend it strongly as a clinical handbook, but several good alternatives are available and should be inspected before making a personal choice.

Brendan Hicks.

"Bailey & Love's Short Practice of Surgery", Revised by Rains and Ritchie. 16th Ed. Illustrated. Pp. 1308. Price £10.00. Published by H. K. Lewis, London.

I think it must always be a pleasure and privilege to be asked to review "Bailey and Love". Since 1932 over 30,000 copies have been sold and I suppose more surgeons in the U.K., America and abroad have been educated in surgery from the study of this work than any other surgical textbook.

It is sad to record that Mr. Love died last year and I was happy to note that he wrote a foreword to the sixteenth edition just before he died.

Bailey and Love has always been unique because of its illustrations and in this edition the old familiar photographs and drawings have been increased by additional pictures. The book has been extensively revised by Professor Rains and Professor Ritchie and they have done their very excellent best to keep pace with the steadily accelerating increase in surgical knowledge. It has always been a rather large and heavy book to handle, but the content is so clearly produced and so lavishly illustrated that the initial forebodings of an undergraduate meeting it for the first time are swiftly allayed once the book is open.

The Editors have again been able to produce an undergraduate textbook which contains almost enough for postgraduate students. Despite the size and lavishness of presentation the publishers are still able to produce the book at a surprisingly low price. I would certainly recommend it to every undergraduate as still the best surgical textbook of its type and it should certainly be found on the bookshelves of any postgraduate surgical student.

John Maynard.

"Nurses' Guide to Cardiac Monitoring" by Peter Hubner. Pp. 66. Price £1.25. Published by Bailliere Tindall, London.

The preface of this book states that the contents were derived from lectures given to nurses working in an intensive care unit. The text is clear and attractive to the reader, as are the numerous diagrams which are used as illustration. The author assumes very little prior knowledge on the part of the reader, and therefore starts with the very rudiments of the subject. He even advises one not to place a monitor behind vases of flowers and get-well cards in case it may be forgotten ! This may seem to be somewhat unnecessary to the experienced but is in fact an essential instruction.

To those nurses, who like the author of this review, have always had an inherent distaste for any machine that could divert one's main attention from the patient, the book has an extra appeal, since it seems that at least one member of the medical profession still considers that gadgets take second place to both observation, and nurse-patient relationships.

Dr. Hubner has managed to include a great deal of very lucidly written material, within an extremely small space. At such a reasonable price, this excellent little book can easily be included in a personal collection, but in any event, should be found in all nurses' libraries.

Pam Jeffries.

"Medical Research; A Statistical and Epidemiological Approach" by J. M. England. Pp. 190 Price £2.25. Published by Churchill Livingstone.

Basic statistical concepts, design of an investigation, sample size, analysis of proportions, means and bivariate data, epidemiology, clinical (including sequential) trials and how to read a publication are covered.

The chapters on planning and epidemiology and some parts of other chapters are very good. Unfortunately the text also includes as correct the most common inaccurate statements about the meaning of p in a significance test. The analysis of data is by confidence intervals, which is to be recommended in principle, but is unsuccessful here because the author usually uses the same notation for the true population parameter and its sample estimate. As a result of the above and the fact that many formulae are stated without attempt at justification, the fundamental logic and correct interpretation of confidence intervals and significance tests are difficult to follow.

E. R. Dalton.

"I used to be an Ophthalmic Surgeon until I developed thyroid trouble . . . now I'm an Exophthalmic Surgeon."

NOTES FROM THE PRESS

Upset stomach halts Wilson engagements

The Prime Minister has a minor vital infection.

The Invisible Guy

According to Somerset House, I don't exist, but I do have a letter from Guy's Hospital stating I was born there.

Edible Swabs

The Good Food Guide reports that Lewisham Hospital serve the best sponge they have ever tasted and the custard was smashing. Guy's also took part in the survey.

Sweet Medicine

The gentleman who complained of constipation after having eaten a peanut was told by his doctor to drink some hot chocolate and it would then "come out a treat!"

The following is published by courtesy of the *Pakistan Times* of 23rd July, 1975.

Anti-Obscenity Drive
Gray's Anatomy and Textbook of Civics seized

BY A STAFF REPORTER

Gray's Anatomy—the standard textbook of medical students the world over—has been seized by the Lahore police for having obscene pictures and diagrams in it.

In lightning raids being carried out on the I.G. with police instructions to curb obscenity and vulgarity, the police even confiscated the famous novel, "Jane Eyre", and have sealed it as evidence while registering the case.

Later on, the police moved in on Lahore bookshops with deadly accuracy to curb the sale of such pornographic books like "War and Peace", "A Textbook of Civics" and "Micro-Economic Theory". They are likely to be produced before a magistrate as evidence.

Off the beaten track—OBSCENE BOOKS
by Masood Hasan

The lightning police raid (all police raids are lightning, in case you didn't know) which resulted in seizure of obscene books must have brought a smile of relief to all anti-obscenity lovers. What a terrific feeling it must be to discover, with some degree of amazement, that the long arm of the law even if crooked at the elbow, is still on your side.

As for the books which, the police rightly claim, were caught making obscene gestures, it is only proper to say that they had it coming to them. I mean after all, how long can any decent society like ours put up with obscene gestures. I personally feel that the police have shown commendable restraint and patience in putting up with the nefarious activities of these loose books.

"We kept hoping they'd turn over a new leaf," I heard one cop say to another, "but we were mistaken. They became more and more vulgar."

I met the police chief the other day. "Chief," I said, "congratulations. The Public is mighty pleased you have managed to arrest those obscene books."

"Well," he said with a broad smile, "we are only doing our duty. Frankly this chap, what's his name—er Gray—you know the one who goes about flaunting his anatomy in a most objectionable manner—well we've been after the bounder for years. Every time we prepared to nab him, he'd disappear from the market. Real sharpie that Gray feller," he said.

"Chief," I said, "I was led to believe that the book was a prescribed text book for medical students."

"That doesn't make it clean," replied the Chief. "In any case students have been known to read dirty books concealed within text books. It's an old trick."

"But how come it's been around for years. No one ever thought of confiscating it."

"All I can say is you've never had a smart police Chief before."

"That's a pretty good reason," I said. "Tell me Chief, what did you find objectionable about the book?"

"Everything," said the Chief. "If you want to publish a pornographic book, go ahead and do it, but when you try to market it as a medical text book, it simply bugs me. After all we have to think of our molars—er morals."

"Gray's Anatomy is pornographic?" I asked.

"As far as the police are concerned, all anatomies are pornographic, Gray, Blue, Pink or Brown."

"And Jane Eyre?"

"A filthy dame," said the Chief.

"What do you intend to do with the books?" I asked.

"First we'll all take a good look at them. Then we'll cut out all the f-e-e-l-t-h-y pictures. I can't tell you the rest," he said.

"Chief, what impact will this have on the citizens?" I asked.

"Well," said the Chief, "with a book like 'Gray's Anatomy,' out of the market, we reckon a major corrupting influence would have been eliminated. It can have far-reaching effects on the crime situation."

"How?" I asked.

"We are generally a very innocent and pure kind of society and being young we can be misled easily by nefarious elements. Books like that encourage crime. We have to put a stop to it."

"Are there any other books you plan to arrest—er confiscate?" I asked.

"I can tell you this," said the Chief, "we are keeping a vigilant eye on things."

"Chief, I've heard that one before. What does it mean?"

"Well, said the Chief, "It is our opinion that there is a lot of smut in kiddie books."

"Kiddie books?" I asked.

"Kiddie books," replied the Chief sombrely.

"This I must hear," I said.

"Nursery Rhymes," said the Chief, "are full of violence, perversity and sexual overtones."

"Come again," I said.

"That's obscene too," warned the Chief, "but we are genuinely suspicious about Jack and Jill. That pair is definitely up to some-

thing. I mean why go up all the way to a hill for just a pail of water?"

"Who else is on the list, Chief?" I asked.

"Old Mother Hubbard. She smells fishy to us and the Old Woman who lives in a Shoe, we feel is actually running a brothel house."

"Come on Chief, you must be kidding," I said.

"Nope," he replied. "Humpty Dumpty was pushed off the wall by mobsters. When kids read poems like that they take to violence and crime."

"Why was he pushed Chief." I asked.

"He was having an illicit relationship with Little Bo Peep. We have established a *prima facie* case against Bo Peep and will be arresting her soon."

"Who else Chief," I asked.

"Little Jack Horner hoards foodgrains and Red Riding Hood carries LSD in her basket."

"Chief," I said, "aren't you making a mountain out of a molehill?" I asked. "Thanks for reminding me," said the Chief.

"We are planning a mass arrest of all idioms who are moving about without proper ID cards."

"Chief," I said, "I am afraid the public may not like that. We love idioms."

"Well," replied the Chief, "I won't let a handful of idioms stop me from reforming Pakistan."

"That's the spirit, Chief," I said.

Old Folks' Christmas Party

It was the Christmas Party in the Old Folks' Home and after a good meal the company was dispersed chatting and thinking up games to play. In one little group of ladies, Mabel was revealing her most coveted ambition.

"Well, ever since the craze began", she said, "I have wanted to 'streak' but I have never had the nerve."

"Go on and have a go," coaxed a friend.

"Go on, be bold," said the little group, "it will make the party go."

After a good deal of soul-searching and two milk stouts Mabel took her heart in her hands, stripped off and charged around the games room past two short-sighted old gents sitting quietly in the corner enjoying a post-prandial Woodbine.

"Joe," said the first man, "who was that running past just now?"

"Mabel," Joe replied.

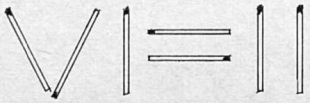
"Well, what was she wearing, Joe?"

"I don't know for sure", replied Joe, "but whatever it was wanted ironing!"

PUZZLES FOR THE FESTIVE SEASON

Applied mathematics may be an unwelcome distraction from medicine, but amusement certainly is not. Here then are a few brain-teasers for most of which we are indebted to the greatest English puzzle maker—H. E. Dudeney (1857-1930).

I.



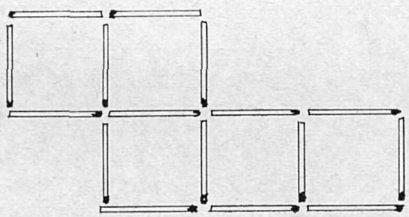
Reposition one match to make the equality.

[*No duplication of matches is allowed; nor can an equality comprise of arabic and roman numerals.*]

II.

Twice four and twenty blackbirds,
Were sitting in the rain;
I shot and killed a seventh part,
How many did remain?

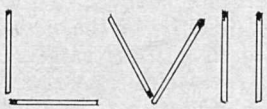
III.



Reposition two matches to produce only four complete squares like the originals.

[*No duplication or open shapes are allowed*].

IV.



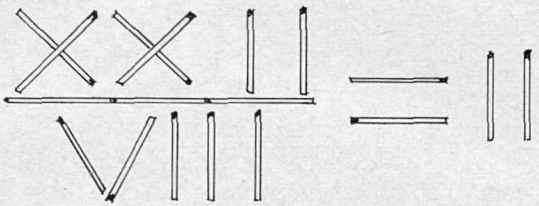
The matches are arranged to represent the number 57.

Reposition any two, to produce 0 (nought).
There are at least two "different" solutions.

V. "THE SEVEN APPLEWOMEN"

Seven applewomen, possessing respectively 20, 40, 60, 80, 100, 120 and 140 apples, went to market and sold all their apples at the same price and each received the same money. What was the price?

VI.



The matches are arranged to represent the inequality 22 divided by 8 equals 2.

Reposition one match to make the equality.

[*The division line is not composed of matches*].

The phrasing of puzzles is, of course, open to discussion. However, escaping the practical limitation of space, lengthy details are tedious and subtract from the point of a puzzle.

Finally, thanks to the enthusiasm of the Editor and many other of my contemporaries, I hope this will not be a "one-off" affair. New puzzles along these lines will, therefore, be gratefully received.

John Efthimiou.

The answers will appear in the next Edition of the *Gazette*.

"Savages"

The Theatre Club intend to produce the play "Savages", by Christopher Hampton, next term. The Director, John Efthimiou, invites all those wishing to help in the entire production to a meeting in the Ballroom, East Wing, on Wednesday, 14th January, 1976, at 1.00 p.m.

The PAC-Old Chestnut Award for 1975

We have pleasure in giving this award to David Wilkinson for his letter entitled "Phlebotomists". This award is based on the ratio of the length of the Provoking Article to the length of the Correspondence it generates (all lengths in the new SI units). In 1971 the Phlebotomy issue resulted in a PAC ratio of only 1.104. In 1975, a student generation and new clinical curriculum later, the ratio is aleady 17.810, a 17.6 fold increase (Gasp!—Ed.).

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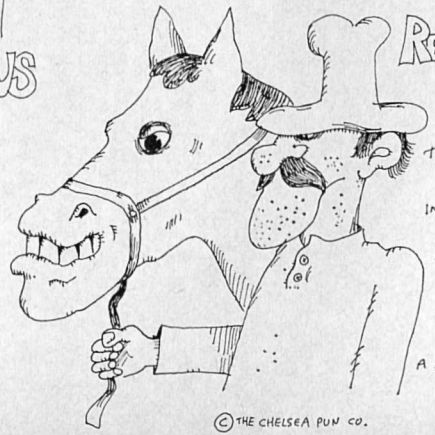
J. ARTHUR RIGHTUS PRESENTS

"THE COLD RASH OF 1956"

STARRING..



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AND

HERPES ..

THE WONDER HORSE

and

INTRODUCING

RIN TIN TINEA ..

THE WONDER DOG

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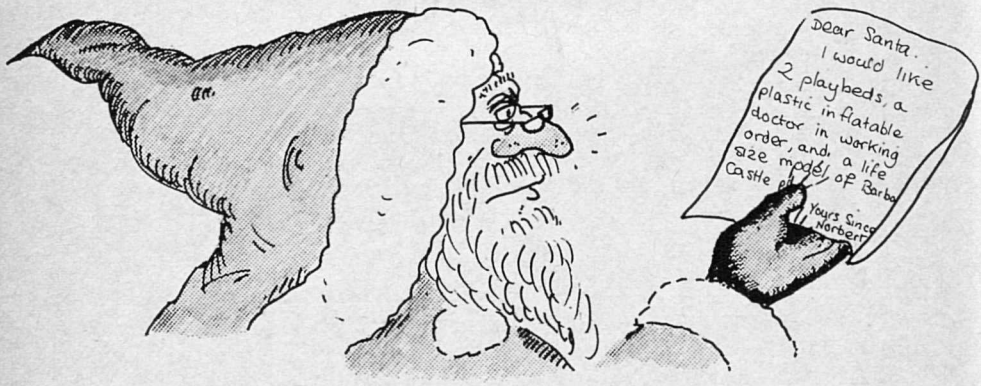
TREB.

I voted against industrial action . . . I mean, 40 hours a week the B.M.A. asked us to work . . . I'm not doing that many for ANYBODY.



SAYINGS OF THE GREAT

*"The word casual in psychiatry is synonoymous with thorough." (Dr. J. J. Fl*m*ng*r)*

(This statement won him the *Gazette* "B.—S." award.)

*"The Silhouettes may well be short of a bowler for Sunday but Barbara Castle is not playing!" (Dr. G. W. Sc*tt to his secretary Tricia)*

"Some doctors have golf as a hobby but mine is medicine." (The Dean)

*L*z Br**z*, "He hears voices and is obsessional."*

*Prof. J. P. W*ts*n, "Well, he's a bit dotty actually!"*

*"I'm not old-fashioned but I don't like these new Sexual-Intercourse Units" (Dr. R. K. Kn*ght)*

*Mr. Arthur W*ll*s at his farewell party," . . . and on the day I left school my headmaster told me that I'd never become Prime Minister."*

"Well you'd make a bloody sight better one than we've got now!" (G.W.S.—again)

*"Don't paw the patient; that's better left for extra-curricula activities!" (Dr. C. H*rdw*ck)*

*"Not all patients are male; some are male and some are female." (Dr. D. R. Turn*r)*

The Editor on Elective in Milwaukee: "My name's Handler, I'm from Guy's Hospital. Have you heard of it?"

1st year Resident: "For sure, who hasn't?"

*"Many micro-organisms are spread by speaking all abusive words beginning with P, B, S, K and F." (Prof. M*ms)*

*Charlie W*lls: "Where's your friend Horton?"*

*Greg E*rnsh*w: "Horton? Horton's a—Yorkshireman!"*

*"Squamous cell Carcinona is mainly caused by sunlight on the face although on the vulva—they are not often exposed." (Dr. G. A. K. M*ss*n)*

*"Everything is benign until it kills you." (Dr. L**bow*tz)*

*"I thought the Dartford Loop was an IUD until I discovered Smirnoff." (David W*lk*ns*n)*

*" . . . run himself off . . . " (Prof. J. S. C*m*r*n in "Gazette" interview, No. 2247)*

*R*ch*rd M**r*, "Every time I sneeze I get an erection."*

*J*m R*v*tt, "What are you taking for it?"*

*R*ch*rd M**r*, "Snuff!"*

Overheard in the Gynae. Clinic, "Why does she chew her Pill?"

" 'Cos she enjoys oral sex."

*"How many hours do you spend 'on the job'?" (K*r*n H**m** in dental survey)*

Are you a pregnant father with a wife in the Club?

+

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"It's on the tip of my tongue"

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SPORT

Christmas Commentary

At the Turn of every toadstool, a meeting is held of representatives of the Guy's Sports Clubs and others. On this occasion the following attended: an Artist, a Beer, an Angel, a Tankard (albeit a little grey), a Viper, a Gonad, a Spirochaete, a Cranston Roader, a Full Blue, a Half Blue, a Purple, plus members of the first teams of Rugby, Hockey, Boat, Cricket, Squash, Tennis, Soccer, Sailing, Swimming, Water Polo and Golf Clubs. There is always a degree of overlap among the representatives which rarely matters as the agenda is informal, largely irrelevant and almost invariably unproductive.

The justification for such meetings is slight as frequently smaller groups hold unofficial meetings between the Turns of the toadstools. Why, one might ask, are they held? The answer is simply to attempt to create an Utopian world of Guy's Sportsmen. They never succeed. Moreover, they never will succeed. Part of the reason is probably that to make the meetings flow, large amounts of beer are drunk, the biggest consumers and those making the most noise being in direct proportion. Another part is, perhaps, that the subject changes too frequently and the individuals are not sufficiently persistent. Our resident Fly on the wall can, without the slightest trouble, detect when the subject changes: bursting into song (and bad singing with the exception of the Welsh), an outburst of laughter or the utterance of the immortal words "Your Round" and the Fly knows that yet again a meeting is veering towards its inevitable failure.

However to return to our original meeting, perhaps a closer look at some of the constituent members and how they behaved on this occasion might help to localize where some of the failures lie. Broadly speaking, and this meeting was no exception, certain members stick together and certain members agree with nobody. Falling into the first category are as one group the first team players and as another the Artist, the Beer, the Angel and the new arrival, the Viper. Falling into the second category are the Gonad, arrogant like all Squash players only more so, the Spirochaete, extremely insular yet a member of a highly infectious club (if you can't beat it, join it), the Purple, brilliant in his field yet unable to agree with anyone due to being on a totally different wavelength, and finally the worst of the lot, the Cranston Roader, who still firmly believes that Waddington's were bribed into incorporating Mayfair into their game "Monopoly" instead of the southern extension of Brockley Rise.

The main question that the people wanted to talk about concerned the increasing wave of apathy sweeping the sporting scene at the moment. The first remark came from the Angel. "Your Round".

The tone of the meeting was set., A glance around the room revealed a great deal, as did the almost inaudible mutters. There were guffaws from the Artist and the Viper. None came from the Beer as it was his Round.

"Not like that in my day," murmered the Tankard pensively.

"Some Angel," said the Full Blue and Half Blue simultaneously.

"Indiscrete idiot," muttered the Spirochaete. "Good comment, though."

The First Fifteen Rugby representative just scowled. "One day we might have an united club again," he thought. Everyone else looked bored. Most significantly, perhaps, the Fly on the wall buzzed.

It was some time before another salient point emerged.

"Can people afford the time these days, with examinations, I mean?" asked the Cricket representative, wiping the beer from his lips with the Old School cravat.

The room was plunged into a deathly silence. Someone had broken the Golden Rule and said something constructive. The pressure was telling on everyone (that is apart from the Cranston Roader, who was asleep). After about two minutes the Sailor broke the silence and everyone breathed a sigh of relief.

"How long before high tide?"

"Fifteen minutes," said the Boat Club representative. They both rushed out without a word. Nobody knew where they went and besides, nobody knew any better to contradict them.

"Do you think people just can't be bothered?" asked the Tennis representative.

"Or are just completely incompetent?" added the Full Blue viciously. The Purple seemed to cling on to this remark, despite the wavelength trouble.

The room was stunned. So many constructive remarks in a night were unheard of. The Beer gasped "Your Round", but no-one heard that either, apart from the Fly on the wall who buzzed in a satisfied manner.

"Women?" suggested someone. No-one knew who and no-one cared. Everybody left without a word. Only the Fly was left, who buzzed. And the trained ear could perceive a large number of softer, more high-pitched buzzes accompanying him.

RUGBY

Guy's 12 vs. Sutton 23

Saturday, 29th November, at H.O.P.

The preceding week Guy's had taken on an unbeaten Loughborough College and were soundly defeated by a score that belied the difference between the sides. Against Sutton it was hoped that the team could compensate for this disappointing performance.

Guy's began with a flourish and promise that were sadly unfulfilled. Attacking with some confidence, the Hospital spent most of the first-half in scoring positions. A plentiful supply of possession provided the backs with ample opportunity. Some chances were missed by poor handling but generally a solid Sutton defence thwarted Guy's efforts. There were good breaks by Hughes and West, usually well supported, but somehow movements were stopped just short of the line. Ironically, Sutton scored first from an intercepted pass within their own half.

Guy's eventually broke through when Wilkinson received a well-timed pass on the inside. Moore converted and before the break added a drop-goal and a penalty. With the score at 12-6 and Guy's playing well in every department, the final score was barely conceivable at half-time.

When play resumed, some of the vigour had evaporated from the Guy's pack and they found it difficult to reassert their previous authority. Frequent stoppages and some non too subtle foul play were undoubted contributions to the changed pattern of the game. Although less ball was won in the line-outs sufficient possession was achieved to maintain the score margin. It was really Guy's defensive tactics which so lamentably allowed Sutton through to score three more tries. A potentially excellent side is being squandered by elementary mistakes which if ignored, can only lead to further disappointment.

Team: M. Broughton, T. Wilkinson, L. Hughes, S. West, A. Portelly, R. Moore, G. Francis, B. Hagan, P. Loxton, J. Brazier, S. Challacombe, J. Fitzgerald Frazer, I. Neill, T. Gibson, T. Want.

T.G.

Guy's 3 vs. Streatham-Croydon 28

Saturday, 6th December, at H.O.P.

Another defeat. Guy's seem incapable of surmounting the psychological barrier which accompanies a losing trend. For most of the game they played competent football but failed to seize their chances.

The match began disastrously when a soporific Hospital side moved too slowly to prevent a goal and a try within the first five minutes. Having conceded ten points so readily, Guy's remained at a severe disadvantage. However, they did have the spirit to raise their game and the score did not alter until well into the second half. The Hospital forwards performed well, were speedy to the break down of play and won some well-rucked ball. In the tight their success was not so apparent, but on the whole an adequate amount of possession was achieved. The backs developed some promising moves but so unaccustomed are they to scoring, that poor finishing deprived the Hospital of three or four tries. There were good breaks by Hughes and Broughton. Francis crossed the line once, only to have his try disallowed. Defensive play was much improved and there were several heroic tackles by both centres and as usual by Portelly on the wing.

The second half was a familiar story. Having failed to score despite creating the openings, it was difficult for the team to maintain a consistent attack and once pressed in their own half a series of desultory tackles allowed Streatham in for another easy try. Several more followed and Guy's could merely answer with a penalty kicked by Moore.

Team: I. Neil, T. Gibson, E. Wheelwright, S. Challacombe, J. Fitzgerald Frazer, J. Brazier, P. Loxton, B. Hagan, R. Laws, R. Moore, L. Hughes, A. Campbell, G. Francis, A. Portelly, M. Broughton.

T.G.

Artists XV 18 vs. London Army Medical Service 2nd XV 4

Saturday, 6th December, at Woolwich.

Despite moves within the Rugby Club the Artists have managed to find their own level once again. Saturday, 6th December, dawned with the Artists one man short and by the lunch-time meeting in the "Britannia" the team were three men short; several frantic phone calls were to no avail and only 12 men left for Woolwich. A tour of the Greenwich pubs, however, provided the team with a thirteenth man, "Andy".

The Artists soon found themselves on the defensive, but a fine move between Derek Norfolk and "Andy" on the right wing left Gareth Jones with a forty yard run to score. He failed with the conversion attempt. This gave the Artists heart and was followed up quickly by a neat try from Mike Byronon after a five yard scrum. Mick Gilhooley missed with the conversion attempt. Unfortunately, the Artists relaxed slightly at this stage and L.A.M.'s scored an unconverted try after some controversial refereeing. Thus at half-time the Artists led 8-4. The restart saw the Artists six-man pack gaining superiority with Mick Gilhooley and John Pearson outstanding and following a good heel Mike Byronon made a splendid break pushing off two players to run through and score under the posts. Tim Goodship converted. (Tim Goodship!—Ed).

Notwithstanding some fine runs by Derek Norfolk, it looked unlikely that the Artists would score again, but 10 points were added to bring the final score to 18-4. A most enjoyable evening ensued at the Royal Herbert Hospital.

Team: G. Earnshaw, S. Humphries, J. Wynne-Jones, "Andy", D. Norfolk, M. Byronon, M. Gilhooley, T. Goodship, J. Pearson, M. Davies, J. James, N. Nicholas.

G.W.J.

SWIMMING AND WATER POLO

This year saw the opening of the new pool by Lord Robens, and the start of a new era for the Club. The "It's a Knock-out" competition was well-supported and enjoyed by all who entered. Since then, however, interest has gradually faded as the colder months have moved in. I can but hope that this superb pool does not share the same fate as its neighbour, the Greenwood Theatre.

Following many administrative problems, the Swimming Club has secured two evening sessions every Monday and Wednesday from 7.00 to 8.30 p.m., these started last week and are paid for by the Club. Monday evenings are for water-polo, catering for players of all standards. We can so far boast of a 0.02% response from the male Freshers. However, it is not just Freshers who can make the effort, the Club is for everyone. The Polo team is mid-way through the U.H. League with mixed results. The U.L.U. Knockout competition resulted in a narrow defeat (6-5) by The London Hospital, the eventual winners. Next term is the U.L.U. League in which we enter two teams. Also, arrangements are being made for the London Polytechnic polo team to train in the pool with us. This team has won a countless number of National Championships and contains six Great Britain internationals, including the captain. The chance to train with the best team in England cannot be ignored. Wednesday evenings are for mixed swimming of all standards. Swimming Galas are scattered throughout the year and new fixtures are on offer. "Learn to Swim" classes have also been organised for another evening.

With the new pool we have been given a unique opportunity to rebuild an active, successful and very SOCIAL Club on the campus. There are no problems in getting to the pool and if irresponsible people can make the effort to get into the pool when it is locked, I'm sure everyone can easily get in when it is open. So, come on, dig out those summer costumes, shake out the moths and get yourself down to the pool !

A.S.

SOCCER

Sir Astley Cooper's All Star Invitation XI 3 vs. King's College Hospital 3rd XI 3

Wednesday, 26th November, at H.O.P.

Sir Astley Cooper's XI making its first full appearance at H.O.P. had a generally fine game except for a disappointing result against King's 3rds. After almost the entire team had missed a Grant's Whisky bottle full of chances they managed to forge ahead by three goals to one. But with only ten minutes to go, King's hit back with breakaway goals; the last being scored in the last two minutes of the game. Fortunately James Pain noticed that all the goals were entirely the fault of John Bridger so that he can be dealt with in a manner fitting to any scape-goat (John Bridger says this is utterly untrue and that he seemed to have to mark everybody). Anyway as Bridger pointed out after the game, the real culprit was Keith Foote whose horrible deformed toes had thoroughly demoralised the team. The referee, Richard Dann, had a fine game although his disappearance at half-time (to the bar) supposedly to find the oranges, was not appreciated by the King's team, some of whom, seemed to want to play football! However, he thoroughly recompensed for the abnormally long half-time interval by keeping so cool as he waved aside complaints by the King's team, that two successive shots which hit the cross-bar had, in fact, crossed the line before bouncing clear!

Team: J. Pain, J. Bridger, M. James, G. Calver, D. Entwistle, G. Hackett, J. Wyman, J. Twomey, D. Dickson, K. Foote, M. Yaffé.

J.T.

HOSPITAL INFORMATION

PASS LIST

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Primary F.R.C.S.

June 1975

P. T. Calvert
D. R. Campbell
B. J. Holdsworth
P. A. N. Hutton
A. N. Johns
R. B. Kinder
A. A. Sorefan

THE ROYAL COLLEGE OF PATHOLOGISTS

Primary Examination
October/November 1975

P. J. Gravett
R. B. Hartley

UNIVERSITY OF LONDON

M.Sc. Medicine
October 1975
Oral Pathology

Hazel K. Kirk

Dental Public Health

N. B. Bown

ROYAL COLLEGES OF PHYSICIANS OF THE U.K.

M.R.C.P.
October 1975

C. M. C. Allen
C. H. Collis
A. D. Crawford
P. R. Harrison
D. G. Healey
Jennifer M. Hunter
S. C. Ng Tang Fui
Rosalind J. Thorburn
A. M. Turner

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Primary F.R.C.S.
October 1975

A. Fenn

Primary F.F.A.
September 1975

G. L. Barker
W. H. Konarzewski

UNIVERSITY OF LONDON
Third M.B., B.S.
October 1975

Honours
J. F. L. Shaw (distinguished in surgery)
Pass List

P. N. Adams
R. D. Ballantyne
P. Blake
Sarah M. Cardew
Claire M. F. Dicks-Mireaux
P. M. Duckworth
A. Fenn
I. E. Hanner
N. W. T. Harradine
C. R. T. Kelsey
Khoo Khui Teong
P. W. Lambden
Victoria R. J. Muir
K. Muntarbhorn
R. W. T. Nichols
S. K. Patel
H. H. B. Perkins
C. G. Pinder
S. M. Raper
S. G. Read
R. C. Saumarez
P. B. Stringer
D. M. Thomas
M. J. Turtle
H. Vyas
Margaret U. Walter
B. G. Whiteside
Z. F. Zaimi

Part I

C. Akle
G. D. Auckland
Susan G. Barker
T. R. D. Bell
N. Bigwood
R. W. Bilous
Brenda J. M. Bowles
Patricia M. A. Jenkinson
J. B. Karani
S. R. Killick
C. G. J. Kinchin
J. M. Lamberty
T. T-Y. Lau
K. G. Brame
Jane C. Brander
S. G. Brear
Louise A. Broughton
M. J. Browne
D. H. Carman
Charlotte P. Cavanagh
M. C. C. Clapham
S. L. Clark
D. P. Coates
D. J. Cole
Hilary E. Cole
A. Collett
Theresa Crowley
W. C. Crozier
Patricia H. Cunnington
J. Dennison
G. Earnshaw
P. H. Earnshaw
R. J. Ede
P. M. Fenton
M. B. Ferris
A. C. Fincham
P. H. Fitton
C. A. Fox
D. C. Haiart
Gillian M. Harrison
P. J. Hilton
P. A. Hogbin
Ursula J. Holdsworth
P. N. E. James
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E. M. Lee
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J. D. McArthur
J. E. Marginson
A. D. Mayer
W. A. H. Moran
Fiona J. Odle
R. G. Palmer
Rosemary L. Parry
J. R. Paterson
Amanda Payne
R. G. Perkins
R. A. B. Perkins
M. W. Reeves
G. Robbins
P. Royle
B. Ruparelia
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G. G. Trotter
J. Q. Trounce
Sharon J. Van de Pette
G. W. G. Vevers
Heather M. J. Volk
A. West
S. E. West
I. R. White
Patricia M. White
Margaret E. A. Wise

Part II

E. C. Bray
A. J. Dawson
Ingrid H. Dodd
J. R. Hanson
C. I. MacKenzie

Part III

Clare V. Bartlett
R. J. B. Bowering
D. K. Evans
A. G. Hellyer

Part IV

Clare V. Bartlett
E. C. Bray
A. J. Dawson
Ingrid H. Dodd
D. K. Evans
J. V. Gryf-Lowczowski
A. G. Hellyer
C. I. Mackenzie

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